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MASTER'S THESIS

THOMAS SIVERT LAGOMARSINO

SAN DIEGO STATE UNIVERSITY

1976

Thesis
L2423

A COMPARATIVE STUDY OF POPULATION POLICY
OF THREE SELECTED COUNTRIES

A Thesis
Presented to the
Faculty of
San Diego State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Political Science

by
Thomas Sivert Lagomarsino
Fall 1976

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Approved by:

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CHAPTER I

NATIONAL GOALS AND POPULATION CONTROL

World population growth rate is measured in terms of doubling time--that period of time required for the world population to double in number. Historically, it took approximately two hundred years for the world population to increase from 500 million in 1650 to one billion in 1850. The two billion mark was reached in 1930.¹ "The present world population growth rate is about 2.1 percent per year, corresponding to a doubling time of 33 years."² This rapid, exponential growth is spurred by complex interaction between social, cultural, economic and technological factors which affect infant mortality, general mortality, fertility and migration rates.

The dichotomy between unchecked population growth and national societal goals of increasing

¹William A. Schultze, Urban and Community Politics (North Scituate, MA: Duxbury Press, Wadsworth Publishing, 1974), pp. 2-3.

²Donella H. Meadows and others, The Limits to Growth (New York: Universe Books and Signet, 1972), p. 40.

standards of living has gained international recognition.³ This dichotomy is exacerbated by the exponential nature of present world population growth, limited resources, and predictable future food supplies. One indicator of the recognition afforded this problem is increasing national acceptance of population size, growth rate and age structure as political factors subject to manipulation. Some governments, seeking to raise their standards of living, have begun attempting to control these population factors because they impinge on national economic growth rates and capital investment distributions.⁴

Previous studies of population policy have not attempted cross-national comparison in first, second and third world nations. Rather, these previous comparative studies have concentrated on population policy in either

³Ibid., pp. 55-63.

⁴Mathematical models projecting the economic consequences of population growth are discussed in J. D. Pitchford, The Economics of Population: An Introduction (Canberra, Australia: Australian National University Press, 1974), pp. 40-95. The dilemma between rapid population growth and capital formation in developing countries is treated by Ansley J. Coale and Edgar M. Hoover, Population Growth and Economic Development in Low-Income Countries (Princeton: Princeton University Press, 1958), pp. 9-25. This recognition was implicit in the establishment of the Commission on Population Growth and the American Future in 1970 and in the United Nations World Population Conferences of 1954, 1965, and 1974.

developing or developed nations. There has also been confusion over what variables should be considered in the study of population policy.

For the purpose of this study, national population policy as defined by McCoy,

. . . encompasses the range of activities logically and practically available to national governments for controlling fertility, that is empirically observable and comparable across nations and over time, and that falls within the general category of public policy.⁵

This study proposes to analyze the range of fertility control activities which are being pursued by national governments in USA, the USSR, and India. The investigation will use an expanded version of Professor Terry L. McCoy's framework for comparing national fertility policy which utilizes the range of probable fertility consequent variables identified in previous fertility related studies.

The purposes for this investigation are the following:

1. to demonstrate the power of the expanded version of McCoy's framework for providing a valid

⁵Terry L. McCoy, "A Framework for Comparing National Fertility Policies," in Comparative Policy Analysis: The Study of Population Policy Determinants in Developing Countries, ed. R. Kenneth Godwin (Lexington, MA: Lexington Books, D. C. Heath and Company, 1975), p. 49.

quantitative indicator of national fertility policy for comparative cross-national study,

2. to explicate the course of fertility policy development in the nations under question through presentation of national data and discussion of the justification for variable scoring, and

3. to indicate some of the past determinants of fertility policy and suggest probably future areas for fertility policy research in the nations under question.

Four major sub-problems must be considered. First, the additional variables required to complete McCoy's policy action categories must be determined. Second, the conceptual problems inherent in policy output and impact analysis must be explicated. Third, empirical guidelines for policy action scoring must be considered that use the most precise quantitative measures compatible with the data in order that subjective judgment be reduced to a minimum. Finally, individual policy action scores in each nation should be analyzed to determine the range of policy alternatives available to a specific government and to suggest areas for further research.

The Rationale for this Study of Population Policy

Demographers, political scientists and those individuals concerned with the exponential growth of world population may find this study of value because it attempts to advance knowledge of the range of national public policy interventions available to governments for fertility control and because it applies policy analysis methodology to an emerging policy category. This study also attempts to demonstrate that cross-national analysis encompassing first, second, and third world nations provides knowledge of substantive differences limiting the range of policy alternatives in a particular nation. In this sense, it fills a gap in the comparative cross-national study of fertility policy.

Historically, population size, growth rate and age structure were determined by the interaction of four variables: (1) infant mortality, (2) general mortality, (3) fertility, and (4) migration. These variables were in turn subject to such environmental factors as war, disease, weather and cultural norms, among others. Recent intentional governmental interventions designed to control population size, growth rate and age structure imply normative re-education in

areas heretofore not considered public domain, in this context, in many nations.

In 1972, publication of The Limits to Growth raised controversy over world population growth, pollution and consumption trends in both the private and public sectors in the United States as well as among officials and scholars throughout the world. Perhaps the most potent argument was the premise that

the unspoken assumption behind all of the model runs we have presented in this chapter is that population and capital growth should be allowed to continue until they reach some "natural" limit. This assumption also appears to be a basic part of the human value system currently operational in the real world. Whenever we incorporate this value into the model, the result is that the growing system rises above its ultimate limit and then collapses. When we introduce technological developments that successfully lift some restraint to growth or avoid some collapse, the system simply grows to another limit, temporarily surpasses it and falls back. Given that first assumption, that population and capital growth should not be deliberately limited but should be left to "seek their own levels," we have not been able to find a set of policies that avoids the collapse mode of behavior.⁶

The Meadows study argues that major government interventions and normative cultural changes will be required in both the developed and developing nations if the predicted collapse mode is to be averted within the

⁶Meadows and others, Limits to Growth, pp. 149-150.

lifespan of our children.⁷ One such governmental intervention is antinatal fertility policy.

The United Nations World Population Conference, held in Bucharest, Romania, in August 1974, adopted a World Population Plan of Action:⁸

The World Plan of Action was a systematic presentation of the ways through which countries could try to influence population trends within their own welfare and development programmes

Under the Plan, countries which considered their birth-rates detrimental to their national purposes were invited to consider setting quantitative goals and implementing policies that might lead to the attainment of such goals by 1985.⁹

The controversial nature of fertility policy was evident at the Conference which was severely split over the issue of population control.

Of 120 developing nations, about 50 were classified as neutral to, or even opposed to, population limitation, and most of them felt that the richer countries were supplying pills and propaganda in the interests of hanging on to their own fat purses instead of opening them.¹⁰

Most of the African nations felt that they required greater population density to achieve the transition to an industrial base.

⁷ Ibid., pp. 194-200.

⁸ United Nations, "World Population Conference" Monthly Chronicle 11 (August-September 1974):97-99.

⁹ Ibid., p. 98.

¹⁰ "Population," in 1975 Asia Yearbook (Hong Kong: Far Eastern Economic Review, 1975), p. 59.

The introduction of health technology has exacerbated the problem of development in the third world by reducing the infant and general mortality rates:

A change in the mortality rate operates primarily on the growth rate of the population--it produces more people in the working age but also produces more people in the dependent ages.¹¹

In India, for example, "reduction in mortality is no longer linked with a rise in the standard of living."¹² Rather, it has been artificially decreased by medical technology prior to the occurrence of the socioeconomic changes which preceded demographic transition¹³ in Europe and resulted in mortality decrease.

While population growth is required in the transition process, excessive growth--population growth at

¹¹Coale and Hoover, Population Growth, p. 24.

¹²S. P. Jain, "State Growth Rates and Their Components," in Patterns of Population Change in India: 1951-61, ed. Asish Bose (Bombay: Allied Publishers, 1967), p. 26.

¹³Steven Beaver states that "the theory of the demographic transition is essentially an aspect or a special case of the sociological theory of social change. It is concerned with the relationship between social and demographic change."

Steven E. Beaver, Demographic Transition Theory Reinterpreted (Lexington, MA: Lexington Books, D. C. Heath and Company, 1975), p. 41. Beaver goes on to indicate that the change is from some type of traditional nonindustrial society to a modern, bureaucratic, urbanized society. As these changes occur, mortality drops and at some later date fertility declines as a result of cultural change associated with the transition changes. See Chapter IV for the full specifications of the theory.

a greater rate than economic growth--causes economic growth to stagnate. In many third world countries, this excessive population growth pattern has produced economic chaos by causing per capita income to decrease while worker productivity was increasing. Another important aspect of this excessive growth pattern is the resultant distribution of new capital in developing nations. Capital expansion may actually be occurring at a high rate; however, the population grows at a more rapid rate and the amount of social capital necessary to raise the standard of living exceeds the rate of capital expansion.¹⁴ Thus, these economic problems result in part from externally induced rapid decreases in infant and general mortality rates which exponentially increased the growth rate in the lag period prior to the fertility decline associated with demographic transition. Therefore, certain developing nations are caught in a circular treadmill that lengthens the transition period. This problem is most severe in those nations with high population density, low resource levels and little inducements for attracting external investment capital. Fertility control, in the absence of massive external economic aid, may represent the only

¹⁴Pitchford, Economics of Population, p. 69.

means for the achievement of demographic transition in these nations.

Demographers have produced a large and significant volume of literature explicating the demographic processes that impinge on and effect fertility. This literature includes theoretic propositions as well as a variety of empirical studies that expose and relate specific variables to changes in fertility rates.

Economists have designed models which demonstrate the capital requirements for the economic processes of modernization associated with demographic transition. They have put forward mathematical models which quantify the required distributions of capital necessary to achieve target standard of living goals in societies with growing, stable and optimum populations controlling for natural resources and production capacity.¹⁵

These demographic and economic studies were considered by the U.S. Commission on Population Growth and the American Future. On 27 March 1972, John D. Rockefeller 3rd, Chairman of the Commission, sent the Commission's Final Report to President Nixon and the

¹⁵Pitchford, Economics of Populations, pp. 40-95. Advanced mathematical models for population analysis may be found in J. H. Pollard, Mathematical Models for the Growth of Human Populations (London: Cambridge University Press, 1973).

Congress of the United States. In his letter of transmittal, Mr. Rockefeller stated:

After two years of concentrated effort, we have concluded that, in the long run, no substantial benefits will result from further growth of the Nation's population, rather that the gradual stabilization of our population through voluntary means would contribute significantly to the Nation's ability to solve its problems. We have looked for, and have not found, any convincing economic argument for continued population growth. The health of our country does not depend on it, nor does the vitality of business nor the welfare of the average person.¹⁶

Today, the USA is troubled by unemployment and inflation. One issue in the 1976 presidential debates seemed to be policies concerning the quality of American life. To what extent are the recommendations of the Commission on Population Growth and the American being implemented? Is the United States committed to a broad spectrum fertility policy? What fertility policies are being pursued in the USSR and India and how do they differ from those pursued in the United States? These are some of the questions that this study will attempt to explicate.

Delimitations

For the purpose of investigation, this study will be limited to analysis of national fertility policy

¹⁶U.S., Congress, Commission on Population Growth and the American Future, Population and the American Future (Washington, DC: Government Printing Office, 1972), p. 4.

in the USA, the USSR, and India. The time period will vary depending on when the nation under examination began to consider fertility matters and will generally terminate with 1974. The study will analyze the development pattern of fertility policy in each nation under question and quantify the framework variables using the latest data. For most variables, the 1974 data are the most current information available. In some instances, earlier data will be used because data for some of the variables are not collected annually in the nations under investigation.

The study will encompass discussion of all probable fertility consequent policy action enumerated in the expanded version of McCoy's framework in Chapter II. These variables will be scored regardless of the causal reasons for their implementation. In this sense, the study overlaps policy areas that are indirectly related to fertility control policy.

It is recognized that these three nations--the USA, the USSR, and India--do not utilize the entire range of hypothetical policy alternatives to be enumerated in the framework; however, they do represent major populations in the first, second, and third worlds. Because they represent differing levels of development, they provide contrast in terms of the obstacles that

nations must face in policy implementation. Policies of private groups and of local and state governments will not be considered since they are usually subject to control from above consistent with national policy.

Related Literature

Although the importance of population policy as an instrumental goal for the attainment of economic stability is recognized today, only since the middle 1950's have most governments begun to formulate policies designed to intentionally control population size, growth rate and age structure.

Since the comparative study of fertility policy is a relatively new subfield, little literature has been published. However, a large volume of literature exists on population as a problem and on the economic and demographic consequences of rapid population growth. Discussion of this literature required consideration of four related subfields: (1) demographic studies, (2) population economics, (3) public policy literature, and (4) specific population policy studies.

Demographic Studies

The summary reports of the United Nations World Population Conferences held in 1954, 1965, and 1974, provide valuable data and empirical findings relating

demographic change, especially fertility rate change, to development. At the first World Population Conference held at Rome, Italy, in 1954, it was suggested that "France is probably the only country in which there exists a specific body of legislation . . . which deals specifically with population policy."¹⁷

That there had been a rapid development of national governmental concern over population control and especially fertility control, was indicated at the second World Population Conference held in Belgrade, Yugoslavia, in 1965. Mr. Ronald freedman stated that

Fertility is now the most problematic and, potentially, the most dynamic factor in demographic change The importance of fertility is further enhanced by the rather recent knowledge that age structures depend much more on fertility rates than on mortality rates.¹⁸

The Summary Report identified urbanization, industrialization, technology, higher living standards, rising income, improved health, participation of women in the labor force, increased education, literacy, and mass communications as development variables linked to

¹⁷United, Nations, Department of Economic and Social Affairs, Proceedings of the World Population Conference, Rome, 1954: Summary Report (E/Conf. 13/412), 1955, p. 62.

¹⁸United Nations, Department of Economic and Social Affairs, Proceedings of the World Population Conference, Belgrade, 30 August-10 September 1965, Volume I: Summary Report (E/Conf. 41/2), 1966, p. 36.

fertility decline. These variables effect fertility rates through three groups of intermediate variables--intercourse variables, conception variables and gestation variables--which control the fertility rate.¹⁹

As far as fertility decline is concerned, what seems to be essential in the development process everywhere is the shift from major dependence on relatively self-contained local institutions to dependence on larger social, economic and political units. An essential aspect of the development of modern industrial society is an expansion of the size of the effective units of interchange and interaction of all kinds. Such a change implies a change in the division of labour--both social and economic--from one in which the kinship unit is necessarily central to a large complex in which such local units as family and village give up many functions to larger non-familial specialized units.²⁰

The 1974 World Population Conference adopted a World Population Plan of Action. This plan urged nations that consider their birth rates detrimental to development to set quantitative goals and implement policies for their attainment by 1985. The Plan also included sweeping resolutions concerning the equality of women, consumption of resources and abolition of economic exploitation.²¹

Another United Nations study conducted in 1963 is valuable because it identified the process through which development variables work to change fertility

¹⁹Ibid., pp. 36-39. ²⁰Ibid., pp. 39-40.

²¹United Nations, Monthly Chronicle, pp. 98-99.

rates. Nations tend to fall into one of two groupings, "one standing high on the scale of fertility and generally low on the scales of economic and social indicators, and the other occupying the opposite position."²² The study indicated that there is a significant lag period after development occurs before the associated social changes cause modification of cultural norms. Therefore, after demographic transition, there is a period in which fertility rates remain high.

Theoretically, support for these findings is found in Steven E. Beaver's Demographic Transition Theory Reinterpreted, published in 1975. Beaver identifies four socioeconomic phenomena that affect fertility: (1) urbanization, (2) education, (3) non-kinship institutions, and (4) consumption levels:

These are said to facilitate intervening modifications of individual behavior via social, economic, and/or psychological mechanisms. The social cluster includes the relaxation of sex-role restrictions, restrictions on women, the decreased predominance of extended kinship systems, and the reduced status value of children, especially male heirs.²³

Beaver further argues that:

²²United Nations, Department of Economic and Social Affairs, Population Bulletin of the United Nations, No. 7--1963: With Special Reference to Conditions and Trends of Fertility in the World (ST/SOA/Ser. N/7), 1965, p. 6.

²³Beaver, Demographic Transition, p. 8.

. . . the fundamental assumption of the theory of the demographic transition can then be rephrased to assert that childbearing-parenthood values encourage natality much less in modernized societies than in any traditional society, e.g., agrarian, horticultural, hunting and gathering, etc. If a society changes, values and behavior should change accordingly To be realistic, one has to limit the posited relationship to a segment of social change--societies continue to change and to modernize long after natality decline ceases, and even the most developed society places some value on the raising of children.

One other modification is usually applied to the fundamental assumption of transition theory. There is an assumed time lag between the basic process of social change . . . and changes in values and the resultant natality decline.²⁴

Beaver proposed nine major hypotheses relating natality determinants and their consequences for testing. His results generally supported the theory of demographic transition as stated.²⁵ Beaver's work is important because it distinguishes the causal relationships between determinants and demonstrates the directionality of relationships among the independent variables.

J. H. Pollard, in his book Mathematical Models for the Growth of Human Populations, presents a discussion of the major stochastic models for population prediction. Pollard points out the limitations and advantages of the particular models for heuristic purposes and utilizes those models to demonstrate the mathematical relationships between fertility rate and

²⁴Ibid., pp. 43-44. ²⁵Ibid., pp. 81-121, 145-152.

population size, growth rate, and age structure. This relationship is extremely important for long-term economic planning since the adult work force for any future period is primarily dependent on fertility rate in a previous period. The models demonstrate the time lag and non-linear affect of small changes in fertility.²⁶

Population Economics

The Population Dilemma, edited by Philip M. Hauser, presents well written general discussions of the economics of development in the contemporary world by various experts. It is of value because it provides the insights of these experts in a manner that covers the major economic and demographic theories and propositions accepted today. Chapter four, "Population and Economic Development," by Ansley J. Coale, is an excellent, concise statement of the relationship between demographic variables and economic development in most third world nations.²⁷

In an earlier book, Population Growth and Economic Development in Low-Income Countries, Coale and Edgar M. Hoover present an exhaustive case study of

²⁶Pollard, Mathematical Models, pp. 148-149.

²⁷Ansley J. Coale, "Population and Economic Development," in The Population Dilemma, 2nd ed., ed. Philip M. Hauser (Englewood Cliffs, NJ: Prentice-Hall for the American Assembly, 1963), pp. 59-84.

India which illustrates the economic dilemma of excessive population growth. They noted that continued high fertility accompanied by mortality decrease puts strain on an economy by creating excessive social capital needs for investment in additional schools, public utilities and other items required to maintain the desired level of public social services. In the later chapters of the book, they expand the discussion to include the problems of other low-income nations.

If we assume that a society with known available resources desires to maintain a particular standard of living, an optimum population exists consistent with that goal. In his book, The Economics of Population: An Introduction, J. D. Pitchford states that

. . . optimum population may be defined as that stationary population level which when appropriately supplied with capital equipment . . . results in the maximum consumption per head of population, whilst maintaining a constant quality and supply of renewable resources (and exploiting exhaustible resources at an appropriate rate).²⁸

Pitchford's work is important because it explicates mathematically the economics of exponential population growth treated by Coale and Hoover. The study points out the importance of the time lag between fertility changes and the resultant age structure shifts. Thus,

²⁸Pitchford, Economics of Population, p. 12.

Pitchford provides theoretic explanation of economic phenomena observed in first, second, and third world nations.

P. T. Bauer, in his discussion of the Indian Second Five-Year Plan, identifies another dimension of the development and population control problem that must be faced by third world nations. Bauer puts forward the proposition that expenditure on social capital items and manipulation of cultural attitudes are vital to economic transition to an industrial culture.²⁹ He identifies early age at marriage, the caste system, multiple languages, beggary, and a contemplative fatalism on the part of many of the lower castes as major factors which inhibit economic change in India. Studies by S. M. Agarwala and D. Gopal Rao discuss these factors in detail.³⁰ While not all of these characteristics are found in other third world nations, most exhibit cultural traits which restrict rapid acceptance of new fertility norms.

²⁹P. T. Bauer, Indian Economic Policy and Development (London: George Allen and Unwin Ltd., 1961; Bombay: Popular Prakashan, 1965), p. 42.

³⁰S. N. Agarwala, Some Problems of India's Population (Bombay: Vora & Co. Publishers, 1966); and D. Gopal Rao, Population Education: A Guide to Curriculum and Teacher Education (New Delhi: Sterling Publishers, 1974).

This resistance to change exists to a lesser degree in more developed societies. The Final Report of the Commission on Population Growth and the American Future put forward proposals for economic change in the United States requiring normative re-education.³¹ The majority of the studies and works discussed are characteristic of the literature and assume that national governments must formulate policies to control population factors consistent with target economic goals. The normative re-education process plays a major role in rapidly changing fertility norms to coincide with economic goals. This concept is especially important since it identifies a dimension of policy alternatives beyond the traditional family planning services concept.

Public Policy Literature

In the mid 1960's, political scientists became increasingly interested in the analysis of public policy. Since that time, this subfield of the discipline has grown rapidly; however, application of comparative methodology to the study of population

³¹U.S., Congress, Population, pp. 141-147. For a discussion of normative re-education, see Robert Chin and Kenneth D. Benne, "General Strategies for Effecting Changes in Human Systems," in The Planning of Change, 3rd ed., eds. Warren G. Bennis and others (New York: Holt, Rinehart and Winston, 1961), p. 23.

policy, and more specifically, fertility policy has lagged.³²

Carl J. Friedrich points out that methodological confusion among experts, resulting from value judgments, often obscures the actual knowledge inherent in expert opinions on policy matters.³³ Friedrich also identifies different educational roles in society. He discusses the role of formal education and its relationship to family environment in the transmission of cultural and political values. He makes the obvious point that when the educational system introduces ideas at variance with cultural norms, conflict within the individual is generated which can result in societal instability.³⁴

David Easton's systems model is valuable as a tool for breaking down the study of public policy into manageable units. These units in the system can then be studied by applying a suitable approach.

³²R. Kenneth Godwin, "Introduction: Comparative Analysis and Population Policy," in Comparative Policy Analysis: The Study of Population Policy Determinants in Developing Countries, ed. R. Kenneth Godwin (Lexington, MA: Lexington Books, D. C. Heath and Company, 1975), p. 1.

³³Carl Joachim Friedrich, Man and His Government: An Empirical Theory of Politics (New York: McGraw-Hill, 1963), p. 80.

³⁴*Ibid.*, pp. 620-633.

Thomas Dye discusses seven such approaches to policy analysis: "systems theory, elite theory, group theory, rational decision making theory, incrementalism, game theory, and institutionalism."³⁵ Dye makes one important observation about the policy process that is crucial in the evaluation of policy determinants which is in agreement with Friedrich's formulations:

Although some policies appear at first glance to lend themselves to explanation by one particular model, most policies are a combination of rational planning, incrementalism, interest group activity, elite preferences, systemic forces, competition, and institutional influences.³⁶

Public Policy-Making by James E. Anderson is a worthwhile reference text which details the general scope of policy research. Many of the approaches identified by Dye are discussed as well as theories of decision making. Anderson notes that

. . . indeed, political scientists have often shown much more facility and verve for theorizing about public policy than for actually studying policy.³⁷

In his summation, Anderson indicates that hypotheses must be formulated about causal relationships that can be tested by available evidence.³⁸

³⁵Thomas R. Dye, Understanding Public Policy, 2nd ed. (Englewood Cliffs, NJ: Prentice-Hall, 1972), p. 17.

³⁶*Ibid.*, p. 18.

³⁷James E. Anderson, Public Policy-Making (New York: Praeger Publishers, 1975), p. 9.

³⁸*Ibid.*, p. 163.

Arthur L. Stinchcombe's book, Constructing Social Theories, is pertinent because he provides explanative rules for observations in support of causal relationships.³⁹ These concepts lie at the core of selection of policy action alternatives that are related to fertility.

Notably missing from the public policy literature examined is mention of methodology for cross-national, comparative quantification of policy. McCoy's framework is of interest in this respect because it is based on public policy literature and uses existing conceptual definitions of policy.

Population Policy Studies

The active study of population policy is relatively recent. Interest in population policy analysis has been sparked by the Population Council which has provided study grants, published material and generally stimulated interest under the leadership of Bernard Berelson. Family Planning and Population Programs, published in 1966,⁴⁰ is a collection of articles on the

³⁹Arthur L. Stinchcombe, Constructing Social Theories (New York: Harcourt, Brace & World, 1968), pp. 54-55.

⁴⁰International Conference on Family Planning Programs, Family Planning and Population Programs: A Review of World Developments, with a Foreword by Bernard Berelson (Chicago: University of Chicago Press, 1966), pp. vii-ix.

status of family planning in individual nations, policy statement and study reports. These articles were originally prepared for the International Conference on Family Planning Programs held at Geneva, Switzerland, in 1965. Heavy emphasis on family planning as the primary means for population control is indicative of the state of population research and the extent of national governmental policy in 1965.

By 1973, political scientists were beginning to consider normative and methodological questions concerning population research. Population and Politics, edited by Richard L. Clinton, is a collection of studies that present arguments for the study of population policy by political scientists.⁴¹ In 1974, a number of political scientists began population policy research and the quality and quantity of population policy studies began to improve. Bernard Berelson advanced several definitions of population policy that encompass a broad range of policy actions.⁴² Those definitions were indicative of the conceptual rigor and field

⁴¹Richard L. Clinton, ed., Population and Politics: A New Direction in Political Science Research, with a Foreword by Moya W. Freymann (Lexington, MA: Lexington Books, D. C. Heath and Company, 1973).

⁴²Bernard Berelson, ed., Population Policy in Developed Countries (New York: McGraw-Hill for the Population Council, 1974), pp. 6-7.

integration that political scientists had begun to bring to bear on the emerging population policy subfield.

Comparative Policy Analysis, published in 1975, is a collection of revised papers presented at a Batelle Population Study workshop for political scientists. In the introductory chapter, R. Kenneth Godwin discusses the problems associated with many of the previous population studies:

The majority of these studies have been made by persons who have not been even tangentially exposed to policy analysis as a method of research. Rather, these studies are typically products of population agency field representatives, demographers interested in a particular country, or persons whose vocation or avocation is to be an apostle of birth control. A typical study uses the rationalist model: it begins with a description of the demographic situation in a country; continues with a description of the country's economic development situation; contains existing formal statements by governmental elites concerning the population issue; and ends with a prescription for a more antinatal policy.⁴³

In Chapter three of this collection, Terry L.

McCoy

. . . attempts to produce an analytical framework that adequately describes fertility policies across nations and through time and that also suggests the probable determinants and results of such policies.⁴⁴

McCoy's partially completed framework is most useful because it defines population policy categorically and

⁴³Godwin, "Introduction," p. 11.

⁴⁴McCoy, "A Framework," p. 47.

incorporates intentionality as a major component of fertility policy.

Generalizations and Definitions

From a comprehensive review of this literature and other works related to the study of population policy, a set of generalizations and definitions can be drawn. First, within the past fifteen years, an increasing number of nations have accepted control of population size, growth rate, and age structure as instrumental goals necessary for long-term economic planning. These nations include those favoring pronatal policies as well as those favoring antinatal policies. Second, certain socioeconomic processes associated with development and specifically demographic transition lower fertility rates and change fertility patterns. Therefore, nations that have undergone demographic transition will have lower fertility rates than developing and undeveloped nations. Third, there are population policy alternatives available to national governments that can probably alter--either positively or negatively--the "natural" course of fertility in a nation. Finally, in order to understand what national governments are doing to control their population size, growth rate, and age structure, it is necessary to explicate the range of population policy alternatives and to use

methodology that provides comparative, cross-national quantification of policy.

Definitions of policy are varied in the literature of political science; however, most possess several conceptual notions. First, stated policy is generally a well argued and thought out plan for the accomplishment of a specific goal or goals. Anderson states that policy is "a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern."⁴⁵ He also argues that policy possesses a positive and negative form. In the positive form, it has a dynamic element the purpose of which is to effect change. In the negative form, it entails the decision to do nothing whatsoever.⁴⁶ Additionally, these purposive actions "pronounce a general rule with which compliance is expected."⁴⁷ Friedrich defines policy as

. . . a proposed course of action of a person, group or government within a given environment providing obstacles and opportunities which the policy was proposed to utilize and overcome in an effort to reach a goal or realize an objective or purpose It is essential for the policy concept that there be a goal, objective or purpose. Indeed it is the purposefulness of the proposed action which makes it necessary to consider contingencies, such

⁴⁵Anderson, Public Policy-Making, p. 3.

⁴⁶Ibid., p. 4.

⁴⁷Schultze, Urban and Community Politics, p. 20.

as obstacles and conceivable opposition, as well as possible support to be secured from friends and favorable circumstances.⁴⁸

Public policy has all the dimensions discussed and is generally conceived as a binding course of action undertaken by an authoritative organ of a society applicable to all individuals within the hegemony of that organ. Therefore, the scope of public policy may vary from tribal authority in a primitive society to governmental activities in the nation state. In all cases, public policy implies the potential support of the coercive capacity at the command of the particular organization formulating the policy. Hence, as Charles F. Andrain argues,

. . . the interpretation of politics as the process of formulating and implementing binding public policies offers the most useful explanation of political life in a wide variety of societies. It sensitizes us to the interaction between the individual, cultural beliefs, societal structures, and political policies.⁴⁹

The dimension of interaction in the policy formulation and implementation processes is crucial to understanding the limitations and strengths of policy analysis approaches. This dimension introduces variability into

⁴⁸Friedrich, Man and His Government, p. 79.

⁴⁹Charles F. Andrain, Political Life and Social Change: An Introduction to Political Science, 2nd ed. (North Scituate, MA: Duxbury Press, Wadsworth Publishing Co., 1974), p. 19.

both the formulation and implementation processes which partially explains why two nations pursuing the same espoused policy choose different means, or indeed, end up with different, mixed, or muddled goals.

Today, national public policies are those goal oriented, binding courses of action undertaken by a national government.⁵⁰ National public policies usually take precedence over local or state policies in those areas of jurisdiction that are common to both national and other levels of government.

McCoy uses Friedrich's definition of policy and incorporates the intention to follow a course of action into his framework. He also recognizes the dimension of interaction, however, and realizes that actions taken may differ from nation to nation as a result of the political environment.

Another aspect of national public policies is the extent these policies are subject to review by the populace or other authoritative organs in the society, i.e., the democractic-totalitarian dichotomy. Therefore, in policy areas that impinge on societal norms, governments subject to policy review via the electoral or judicial processes, may tend to implement controversial policies under the guise of other related less

⁵⁰Friedrich, Man and His Government, p. 79.

controversial programs. Only after the societal norms have been manipulated do clear direct policy statements flow from all levels of a national government subject to such review. Thus, as McCoy argues,

. . . the challenge of the hidden agenda for the researcher is to discover it. Yet even where one can verify the agenda's presence, the articulation of intention is constricted, and the policy itself is therefore somewhat less clear and consistent than are open policy statements.⁵¹

For this reason, identification and quantification of national fertility policy requires consideration of all governmental activity that has potential fertility consequences.

Summary

This chapter has attempted to familiarize the reader with the population problem, describe the status of current population research, and indicate the purpose of this study. The literature search had indicated the controversial nature of the subject and its importance to the future standard of living for all nations. It has also indicated the absence of cross-national comparative population policy studies that examine first, second, and third world nations simultaneously.

As indicated, none of the population policy studies cited in Comparative Policy Analysis has

⁵¹McCoy, "A Framework," p. 61.

attempted to compare population policy simultaneously in developed and developing nations. With the development of the recent population related crisis in India and the purported population policy in China, the need for comparative, cross-national analysis that develops the range of population policy alternatives available to a nation becomes more immediately apparent. McCoy's framework, as expanded, should be useful for quantification of population policy in the USA, the USSR, and India and enable comparative analysis. Other approaches suggested by Dye and Anderson may be employed to support and analyze individual policy action scores.

In addition to the quantification of policy data, application of McCoy's methodology to first, second, and third world nations suggests that developmental differences--not readily apparent from McCoy's study of Latin American nations--may partially determine the course of policy actions in developing nations desiring to reduce fertility. First, as a nation undergoes demographic transition from a traditional, agrarian society, typified by the extended family culture to a modern, bureaucratic, industrial society possessing a predominantly urban, nuclear, family structure, it would seem logical that the range of policy actions available to a government for fertility control would

increase. This increase in available fertility policy actions would hypothetically result from a developed nation's greater economic and political ability to ensure that target populations are exposed to policy actions. Therefore, while a particular national government's policy range would usually be less than the hypothetical range, the more developed nations would have a wider range of available policy actions--especially those action programs with high monetary costs. Second, if more persuasive high cost policy actions--social security programs, mass public education, female equality--are not economically feasible, then underdeveloped nations bent on population control may use more direct coercive policy actions.

It has been suggested that McCoy's conceptual framework for comparing national fertility policies is an excellent schema for quantification of fertility policy output because it goes beyond the concept that fertility policy is limited to family planning services alone. Hopefully, application of an expanded version of this framework will provide a reliable national fertility policy indicator for comparative study. By applying the framework to first, second, and third world nations and examining the policy variables, I seek to uncover differences in the range of available policy actions

between developed and undeveloped nations. The following chapter will discuss McCoy's framework, the fertility policy variables, and the methodology to be used in the study.

CHAPTER II

A COMPARATIVE FRAMEWORK FOR ANALYZING POPULATION POLICY

An Introduction to McCoy's Framework

David Easton's Dynamic Response Model (see Figure 1) provides a useful guide for conceptualizing that segment of the political system which McCoy's framework and this study attempt to quantify. When it is present, national fertility policy is one of the many outputs of the political system.

Outputs are indeed a special kind of political behavior or activity because through them persons who occupy the special roles of authority in a system are able to exercise some control or direction over other members of the system.

By virtue of the recognition or acceptance of their authoritative powers, the members acting in authority roles are able to commit and direct the resources and energies of other members of the system toward the attainment of goals.¹

McCoy's framework is constructed to identify and measure those outputs that Easton proposes that are related to fertility rates.

Outputs produced by the authorities include the binding decisions, their implementing actions and, as we shall see directly, certain kinds of behaviors.

¹David Easton, A Systems Analysis of Political Life (New York: John Wiley & Sons, 1965), p. 350. For a complete diagram of the Dynamic Response Model, see Diagram 1, p. 30.

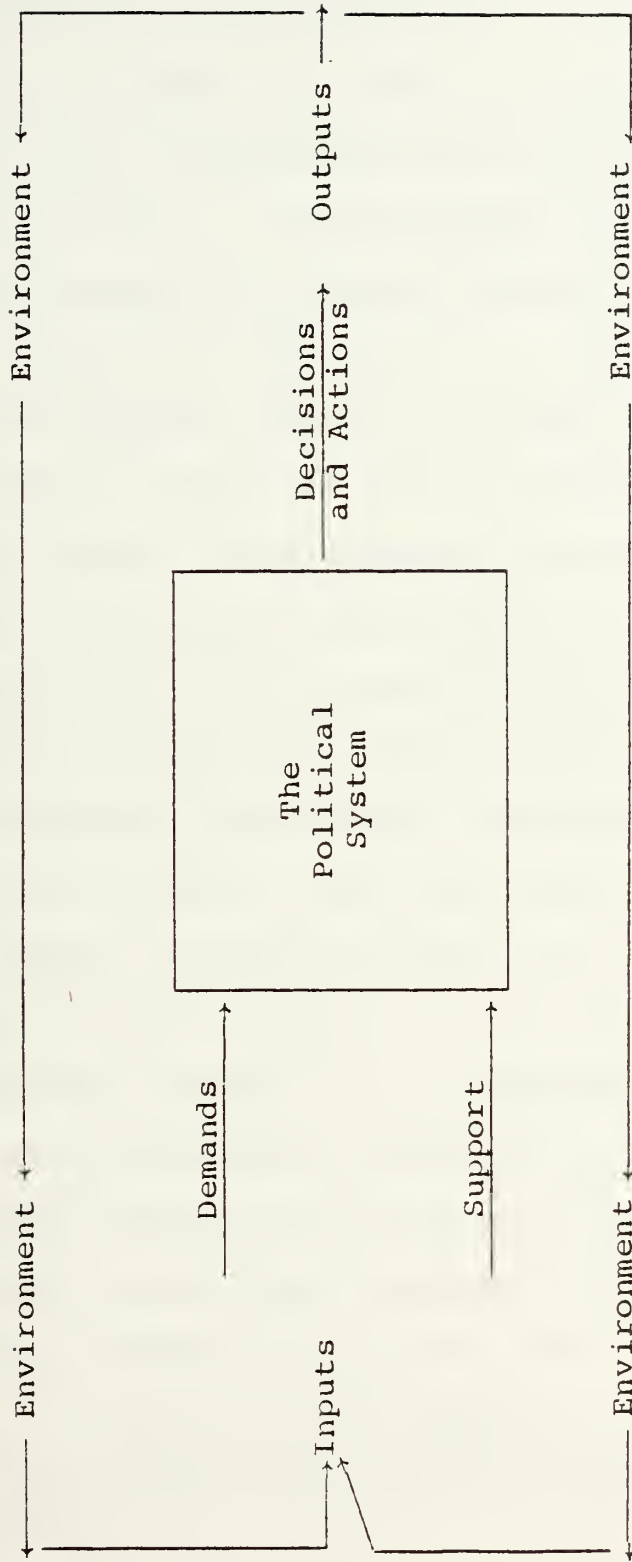


Figure 1. A Simplified Model of a Political System

SOURCE: David Easton, A Systems Analysis of Political Life (New York: John Wiley & Sons, 1965), Diagram 2, p. 32.

Such outputs may relate to the political system or to its environmental system.²

Easton's model also serves another heuristic purpose in that it demonstrates that policy interacts with other policies in the environment and policy output determinants compete with other demands within the political system for recognition. In this sense, fertility policy demands compete with other policy demands and enjoy varying levels of support which shape the output. Thus, output volume depends on available systemic support for a particular output demand as well as on actual perception of the proposed problem.

Easton argues that outputs operate in and may modify the systemic environment. Environmental change resulting from a policy output may take the form of intended change, unintended change, or a combination of both. When fertility policy is thought of as an output of the political system, it is a dependent variable. However, when environmental changes or systemic changes are considered, fertility policy may be conceptualized as one of many interacting independent variables.

McCoy's framework is based upon:

. . . a review of the population literature to determine the spectrum of options [outputs] available to the state for controlling fertility and

²Ibid., p. 351.

growth within national boundaries. The significance of this step is to break out of the family-planning-as-policy syndrome and to examine other governmental programs with potential fertility consequences. With experts increasingly in agreement on the limitations of family planning, governments are beginning to experiment with beyond-family-planning measures. In this sense, the framework has potential applied value since it encourages analysis of progress that the governments under question may not have adopted for demographic reasons, despite their general desires to control fertility and growth.³

Accordingly, McCoy's comparative framework for policy analysis consists of three distinct sets of variables that include the spectrum of policy options that he was able to identify. These variable sets are: (1) policy statements, (2) coordination and supervision, and (3) policy actions. Output is quantified in terms of the use of these variable sets by the government under investigation.

McCoy argues that fertility-growth objectives are found in policy statements. He enumerates four types of policy statements by which these objectives are communicated and promulgated: (1) general legislation, (2) executive declarations, (3) administrative declarations, and (4) hidden agenda. Hidden agenda objectives are those goals that

. . . may be buried in program legislation and/or in implementing decrees Policy actions can be publicly identified with nondemographic goals

³McCoy, "A Framework," p. 64.

for political reasons, when in fact their sponsors and implementors seek to increase or decrease fertility.⁴

These policy statement variables formally incorporate goals or objectives into McCoy's framework and suggest the need for inclusion of the second variable set. The coordination and supervision functions are the necessary links for orienting actions toward goal fulfillment.

McCoy argues that this second variable set consists of bureaucratic coordination and supervision functions carried out through a population agency or similar organization. This agency would typically possess research and training, demographic analysis, and evaluation and feedback capacity in addition to supervisory jurisdiction over policy action programs.

McCoy's policy action variable set contains five separate action program categories: (1) birth control services, (2) communications, (3) incentives, (4) social institutions, and (5) direct regulation. Each of these categories contain a number of operational actions which possess potential fertility control consequences. These action program categories reflect McCoy's commitment to a

. . . framework that conceptualizes the range of policy actions in terms of a funnel of causation

⁴Ibid., p. 61.

that starts with factors proximate to the fertility decision and goes on to deal with public programs which are increasingly remote and indirect as well as politically costly, in order to structure the fertility decisions of large numbers of couples.⁵

Generally, we would conceive a policy output as beginning with policy statements, proceeding through coordination and supervision, and culminating in policy actions. However, McCoy suggests that as a result of the controversial nature of fertility control in most nations,

. . . government programs commonly associated with fertility control come into existence either without or prior to policy statements justifying their existence in terms of broad objectives. Since the absence of statements and codified objectives does not necessarily mean there are no policy actions or outcomes relevant to fertility trends, the relationship between statements and actions . . . must be interpreted as spatial rather than temporal. In time, policy objectives may evolve out of relevant programs.⁶

McCoy uses an ordinal coding scheme to quantify fertility policy in each nation under question. He assumes that population growth is a recognized problem subject to regulation through decisive national policy and associated policy actions.⁷ The coding scheme measures the presence, direction and intensity of fertility policy variables. The policy statement variable set has a value that can range from plus three (antinatalist)

⁵Ibid., p. 54. ⁶Ibid., p. 61.

⁷Ibid., p. 47.

to minus three (pronatalist). In the absence of identifiable policy statements, the variable set would be scored zero. The coordination and supervision variable set is scored in the same manner. McCoy treats each policy action category as a separate typological variable for scoring purposes. The category is coded in the same manner as the other variable sets. These numerical values are then combined with "the value of other policy components to produce a national fertility policy 'score'."⁸ The theoretic range of this fertility policy coding scheme is from plus twenty-one to minus twenty-one.

One of the most useful features of this framework is the extension of variable categories which allows quantification of the spectrum of options a government may employ that possess potential fertility consequences. This extension allows consideration of more remote variables, possibly employed for the achievement of other policy goals, that effect the fertility decision through changes in societal norms, knowledge and practices.

In my opinion, McCoy's five policy action categories seem to encompass three main policy types or dimensions: (1) provision of services, (2) public

⁸Ibid., p. 52.

persuasion, and (3) public coercion. The first policy action category, birth control services--including family planning services, abortion on demand, male and female sterilization and the legal status of birth control variables--is concerned with the direct provision of services to those individuals who desire them and with legislative actions that either restrict or encourage the availability of services. The communications, incentives and social institutions policy action categories are concerned with those more indirect means of control that persuade or induce individuals to make a particular fertility decision. In this sense, they measure economic, social and cultural variables which condition the fertility decision. The final policy action category, direct regulations--forced fertility, mass social education, regulation of marriage age and conscription--is concerned with coercive actions which force regulation of fertility through overt or indirect control of exposure to conception.

Causality and Fertility Consequent Variables

McCoy argues that fertility policy, in addition to controlling family planning services, will accelerate or retard the rate of fertility change theoretically associated with demographic transition variables. In

his discussion of demographic transition theory, Beaver argues that

. . . there is an assumed time lag between the basic processes of social change (urbanization, advances in education, rising levels of living, etc.) and changes in values and the resultant natality decline. Theoreticians often posit a tendency for basic values to persist far longer than other aspects of social structure and culture when change occurs. One could interpret this as a version of Ogburn's "cultural lag" hypothesis (1922, 1955), which asserts that technology changes more readily than either social structure or culture, and eventually brings about changes in the latter. While this argument may be oversimplified, basic values are one of the more permanent aspects of a society. This position is consonant with Parson's (1966) view of the stability of the "pattern maintenance" system.⁹

McCoy argues that fertility policy can condition these basic processes thereby decreasing or increasing the lag time and either accelerate or retard the onset of the fertility decline associated with modern industrial society. The causal relationship between policy actions and fertility rate is straightforward in some cases. For example, in the instance of a policy action such as sterilization, covariation is easiest to demonstrate in the case of a specific individual. In this example, nonspuriousness is not problematical; however, as the range of policy actions progresses away from direct actions, reliance on theoretic causal linkage

⁹Beaver, Demographic Transition, pp. 43-44.

becomes necessary due to the difficulty of providing real world control functions necessary for causal inference.

Arthur L. Stinchcombe presents an excellent discussion of causality that clarifies these relationships. He argues that

. . . in general, for any causal theory, then, one must derive empirical statements which specify observations which will establish covariation, causal direction, and nonspuriousness.¹⁰

The argument for the inclusion of five additional policy action variables in McCoy's framework is based on previous studies that have demonstrated a causal relationship between the particular policy action and fertility rate. These actions are included since it would seem logically plausible that replication would obtain the same results. These additional policy actions are housing assignment preference on the basis of fertility, size of public housing units constructed, assignment to schools by fertility rate per family, paid maternity leave and forced fertility. Force fertility may entail either forced childbearing or forced sterilization. Stinchcombe's causal rules would seem to preclude the inclusion of some of the more exogenous variables found in McCoy's framework and in demographic

¹⁰Stinchcombe, Constructing Social Theories, p. 37.

transition theory--child labor laws, income tax structure, income redistribution, industrial as opposed to agrarian employment, social security old age pensions, social security survivorship payments, economic equality of the sexes, and female literacy--since the individual statistical correlations with fertility for these variables are not statistically significant.

It is at this point that reliance on theory becomes necessary. Demographic transition theory postulates that it is the combinations of these variables that are significant. Stinchcombe explains the relationship in this manner:

Whenever a large number of variables go together, so that specific values of one are always associated with specific values of the others, the creation of typologies, or sets of type-concepts, such as the chemical elements, is scientifically useful

The simplification of scientific theory by such typologies is due to the fact that many times the operative variable, either as cause or effect, is the type rather than the variables which make up the type.¹¹

Demographic transition theory predicts a typological relationship for certain variable groups. Beaver demonstrated their power in his study. A separate United Nations study, completed in 1963, found the same relationships and concluded that

. . . these observations are pertinent to the so-called theory of the demographic transition and

¹¹Ibid., p. 44.

its application to the problem of predicting future trends of fertility and population growth in developing countries.¹²

McCoy's framework assumes that fertility policy is an attempt to change the values of fertility variables prior to their "natural" occurrence. In this sense, it is a framework for comparing the number of interventions and resources allocated through which governments attempt to control the values of fertility variables.

Stinchcombe also explicates another characteristic of typologies that is pertinent to McCoy's framework and indicates an area requiring further research. He argues that

. . . there is another common use of typologies in scientific discourse which is not as fundamental as the simplification function--namely, to talk about interaction effects of two or more variables. By an "interaction effect" we mean that one variable has different effects, depending on the value some other variable has.¹³

It is noted that McCoy's framework does not attempt to measure interaction effect and that this is an important factor for future research effort. "In each case the concept is useful because there are some effects of each

¹²United Nations, Population Bulletin No. 7, p. 6. See pp. 6-9 for the full study findings.

¹³Stinchcombe, Constructing Social Theories, p. 45.

of the variables which depend on the values of the others."¹⁴

This theoretic complexity of interaction exposes the magnitude of the task of impact analysis in the real world in which policy operates. First, public policies are not aimed at a random sample and may have different impact on different strata within a society. Second, public policies may include many specific policy actions complicating the control problem in factoring out the effect of an individual policy action. Finally, interaction between a policy action and the environment is almost impossible to accurately control in order to isolate the effect of a particular policy action especially for those variables subject to Stinchcombe's interaction effect. The formulation of theoretic propositions concerning fertility control is further hampered by lack of data availability and standardized collection procedures in most nations. This paucity is partially a result of the newness of the field as well as the lack of agreement on relevant statistics. Therefore, this study does not attempt causal analysis of current fertility policy. Rather, it is an attempt to quantify those courses of goal oriented action undertaken by the governments in question that may have or

¹⁴Ibid., p. 47.

are intended to have fertility impact. The variables utilized have been previously identified in other studies as possessing potential fertility consequences. Whether or not the policy variables to be quantified in this study produce fertility outcomes is a topic best explicated through longitudinal research.

Use of Intentionality

Political scientists have debated whether policy should be conceived as those things governments say they are going to do or those things governments actually do. Both of these viewpoints are of heuristic value since they disclose the disparity between the proposed and the actual courses of actions. Proponents of the second viewpoint argue that the only reliable indicators of policy are the actual courses of action because it is the actual actions that produce effects.

McCoy believes that intent must be considered in the evaluation of policy. He argues that policy actions

. . . either separately or together, do not alone constitute a fertility policy in the formal sense of the term. What is missing are any provisions for objectives and the coordination and supervision of policy actions to achieve policy objectives.¹⁵

¹⁵McCoy, "A Framework," pp. 59-60.

McCoy provides another argument that has persuasive power for the inclusion of intent in his framework. He states that:

. . . the articulation of objectives is functionally important to the success of the policy, since it conditions those affected by the policy to think and act in the desired way, and provides criteria by which the policy action can be evaluated.²⁸ The individual citizen is in effect told what is expected of him and what he can expect from government and for what purpose.¹⁶

²⁸"As a general guideline for policy makers at all levels who will have responsibilities for the achievement of fertility reduction and family health goals, it is useful to have government policies clearly defined and widely known," Laphan and Mauldin, "National Family Planning Programs," pp.31-32.

McCoy's points have analytic merit; however, it is difficult to operationally differentiate thresholds of intent and this fact puts pressure on the researcher to find the hidden agenda decisions that may be instrumentally necessary, yet highly controversial. Three factors that contribute to this disparity between goals and actual actions are (1) implementation error, (2) policy nature, and (3) multiple causality.

Implementation Error

Deviations in policy action output--implementation deviations from stated goals--can be thought of as indicators of bureaucratic inability in carrying out

¹⁶Ibid., pp. 59-60.

policy decisions. These deviations may also result from competition for resource allocations within a bureaucracy. The first point is illustrated by the Indian experience with rhythm bead birth control necklaces. Rhythm bead necklaces were improperly manufactured and distributed. These beads actually enhanced exposure to conception rather than reducing it. Causally, the manufacturing error resulted in a pronatalist action; however, few people would argue that this manufacturing error indicated a pronatalist policy intent even though the result was an increased exposure to conception. In McCoy's framework the intended direction of the policy action is scored because outcome measures are generally not available and are removed in time from the policy action. In the second case, estimates of the amount of resources necessary to implement the policy action may be in error and full implementation delayed or cancelled. The C5-A cargo aircraft overrun scandal is an example of this type of error.¹⁷

Policy Nature

The nature of population policy is controversial in most nations. For this reason, policy decisions are sometimes implemented under the guise of less

¹⁷"C-5A Foe's Ouster is Being Reviewed by Justice Agency," New York Times, 2 January 1970, p. 15.

controversial goals or undertaken without clear public articulation of the objectives. McCoy found few clear population policy statements in his Latin American study. This problem can be partially clarified by reference to Friedrich's definition of policy as a goal oriented course of action with associated obstacles that must be overcome. The abortion issue in the 1976 United States presidential campaign illustrates the convolutions associated with implementation of controversial policy issues. Governor Carter said that he would not favor or sponsor a federal constitutional amendment to limit or prohibit abortion even though he was personally morally opposed to abortion. President Ford, on the other hand, said that he would support an amendment giving authority to the state governments in the regulation of abortion. Ford's position was in keeping with Republican desires to reduce the federal cost of Medicaid in abortion services. The result of this convoluted argument is a tacit policy favoring abortion on demand which partially satisfies the conflicting proabortion and antiabortion interest groups.

Multiple Causality

McCoy indicates that a policy variable with fertility consequences may be subject to multiple causation and therefore be implemented under a policy

other than fertility control. Thomas Dye argues that in reality

. . . most policies are a combination of rational planning, incrementalism, interest group activity, elite preferences, systemic forces, competition, and institutional influences.¹⁸

This view suggests that fertility related policy actions could be undertaken which either are not linked or are tangentially linked to high level fertility policy. It also underscores the fact that policies operate and are formulated in environments typified by the interaction of conflicting interests. Rigorous application of Friedrich's definition of policy requires acceptance of those known potential fertility outcomes from a policy action regardless of causality. This acceptance implies a tacit fertility decision to accept a possible fertility outcome as one result of the implementation of another more highly desirable policy. A fertility policy action subject to possible or probable multiple causality could also be serving multiple goals, with the least controversial goal receiving the most public articulation.

Operationalizing Intent

Measurement of intent requires that the researcher discover whether fertility consequent policy

¹⁸Dye, Understanding Public Policy, p. 18.

actions undertaken are random or are coordinated with a fertility policy goal expressed through a fertility policy statement. Conceptually, intentionality will be measured in this study through the use of policy statement and coordination and supervision variable sets. First, intent--a governmental decision to pursue fertility control policy--will be measured by the presence or absence of identifiable policy statement and coordination and supervision variables. Identification of policy statement variables is exacerbated by the controversial nature of fertility control and requires a degree of subjectivity on the part of the researcher due to the hesitancy of most high level governmental leaders to articulate a clear firm position on sensitive issues.¹⁹ This identification problem can be mitigated by identifying the coordination and supervisory agency which results from fertility policy decisions. Once this task is accomplished, policy statements may be uncovered by reviewing the authoritative bases--legislation--that established the coordination and supervisory agency. These bases may lead to hidden agenda type policy statements.

¹⁹Ibid., p. 60. McCoy found few strong unambiguous fertility policy statements in his Latin American study; however, he was able to correlate those few statements uncovered with a proliferation of policy actions.

Second, fertility consequent policy actions will be scored as antinatalist or pronatalist in terms of the causal relationship to fertility established in previous studies. The use of such a policy action by a government implies acceptance of the expected fertility outcomes.²⁰ Therefore, the policy action score for a particular nation indicates the summed directionality--antinatalist or pronatalist--of potential fertility consequent policy actions that the government under question has undertaken. It is recognized that variable interaction within the environment may accelerate, nullify, or ameliorate the actual outcome resulting from any specific policy action.

This research schema attempts to quantify fertility policy intent separate from fertility consequent policy actions. As stated, those formal fertility goals governments intend to pursue are quantified by the policy statement and coordination and supervision variable sets. Potential fertility consequent policy actions are quantified by the policy action score. Addition of the scores for all three variable sets

²⁰This statement assumes that nations today are aware of the potential fertility consequences of the policy action variables to be used in this study. This assumption is based on the heated and intense international interest documented earlier at the World Population Conference at Bucharest, in 1974, where these policy action variables were discussed.

generates a scalar index of national fertility policy. This schema eliminates the need to state a threshold value for fertility policy since it compares the directionality and total fertility consequent output taking fertility intent into account where it is empirically demonstrable.

Policy Output

In his summary, McCoy states that the scoring schema "cries out for more precise, more reliable policy indicators."²¹ Fertility policy output possesses at least two analytic properties that should be considered in any quantification schema. First, the policy variable sets--policy statements, coordinations and supervision, and policy actions--which are quantified to indicate directionality and range must be considered. Second, the volume of resources allocated to implement policy decisions should be considered. In McCoy's framework, this second function is based on the subjective judgment of the researcher.

Various methods have been proposed for improving the measurement of resources allocated for the implementation of a given policy action variable. McCoy states that:

²¹McCoy, "A Framework," p. 66.

. . . a standard indicator of policy output has been per capita expenditure. This could be derived for each of the policy actions, although a more valid indicator of output would be the proportion of the target population served by the program. Thus, instead of per capita expenditure figure for each program, we would calculate the percentage of potential users reached by dividing the total target population into active program clientele.²²

The percentage of target population method will be used in this study because it offers several unique advantages over other schemes. First, for those policy action variables that provide direct services--family planning services, abortion, fertility payments--it is an excellent indicator the amount of resources allocated in relation to problem size. It is also an indicator of the usefulness of the policy action itself in that analysis can demonstrate the reasons for the acceptance or rejection of the service by the target population. The need for analysis of these considerations as determinants of the target population reached illustrates the usefulness of this approach for indicating areas for specialized case study research. Second, it provides an output indicator for those policy action variables, such as social security or female education, that condition existing programs, but do not necessarily directly allocate dollar resources. Finally, it takes into account variation in problem size. For

²²Ibid.

example, the target population in a nation might be one million individuals and in another it could be five million. Use of percentage of target population reached provides a policy output score that is relative to the proposed problem size. This final advantage is important if the fertility policy index is to provide a comparative measure of the strength of policy output.

Framework Modification and Variable Coding

For the purpose of refining McCoy's framework and reducing the subjective judgment in coding resource allocations in the scoring of policy action variables, a different scoring schema will be used in this study. The schema to be used is a modification based on McCoy's suggestions and attempts to improve scoring accuracy and, in the case of policy actions scores, quantify output in terms of resources allocated for action program implementation. The refinement of policy action scores will be undertaken by use of the percentage of target population reached indicator in place of subjective judgment by the researcher.

Each identifiable policy output variable, in all three variable sets, will be scored as antinatalist (plus one) or pronatalist (minus one). If the variable is not identifiable as an output in a particular nation,

either in the antinatalist or pronatalist form, it will be coded as zero. The maximum value range for a single variable is plus one to minus one. The values coded for each country will reflect the status of the variable directionality based on the latest available data projections.

When a variable is present in a nation, it will be scored antinatalist if the variable proposes to limit fertility. If the variable proposes to increase fertility, it will be scored as pronatalist. The first two variable sets--policy statements and coordination and supervision--will be coded in this manner. The degree of the intent in these two variable sets is measured by the number of variables actually coded. For example, if, at a major press conference or other public address, the President of the United States articulated the goal of reduction of unwanted pregnancies through the proposal of a federally funded family planning service, the executive declarations variable would be coded antinatalist. In the case of the coordination and supervision variable set, the professed goals of the population agency or similar organization, exemplified by the directionality of action programs supervised, would be coded. If the intent of research and training is aimed at producing a better contraceptive and

delivery means, it would be scored an antinatalist. If it is aimed at producing more children and improving conception, it would be scored as pronatalist.

The discussion of policy output, earlier in this chapter, argued that the volume of resource allocation, in relation to need, should be quantified. This property of policy is measured subjectively in McCoy's framework and requires the researcher to make a value judgment of policy implementation. A dual component scoring schema will be used in this study to provide a more objective score for policy action variables.

First, each policy action variable will be scored as antinatalist or pronatalist in the same manner as the policy statement and coordination and supervision variable sets. Second, a target population will be developed for each policy action variable implemented by the nation in question. These target populations will be based on stated national goals where goals are identifiable. In the cases where nationally generated goals are not identifiable, estimated target populations will be generated and the basis for estimation explained. Then, a percentage of target population reached will be computed for each policy action variable undertaken and multiplied by the directional value coded as plus one or minus one. This process provides the coded policy

action variable value for cumulation. The sum of the policy action values provides the variable set score. Therefore, this coding schema will provide a quantitative indicator, based on need, of a nation's transition of objectives into actions or, in the absence of objectives, an indicator of policy actions that may potentially result in fertility outcomes. Scalar differences in problem size are minimized by the use of the percentage of target population concept. Use of per capita dollar output or percentage of GNP does not relate directly to problem size in the manner that percentage of target population does since both measures are highly subject to standard of living differentials.

The cumulative scores for policy statements, coordination and supervision, and policy action variable sets are added to arrive at a national fertility policy score for comparative use. This scoring schema is in consonance with McCoy's viewpoint that

. . . an ultimate objective of the framework is to produce a valid and reliable quantitative indicator of national policy, although this should also serve to inform and structure nonquantitative analysis.²³

The policy statement variables used in this study are listed in Table 1. The maximum score for the Table 1 variable set is plus four or minus four.

²³Ibid., p. 64.

TABLE 1

FERTILITY POLICY STATEMENT SCORES

Policy Statement Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
General legislation*				
Executive declarations*				
Administrative declarations*				
"Hidden Agenda"*				
TOTAL				

SOURCE: *Terry L. McCoy, "A Framework for Comparing National Fertility Policies," in Comparative Policy Analysis: The Study of Population Policy Determinants in Developing Countries, ed R. Kenneth Godwin (Lexington, MA: Lexington Books, D. C. Heath and Company, 1975), Table 3-1.

The coordination and supervision variables used in this study are listed in Table 2. The maximum score for the Table 2 variable set is plus four or minus four.

The policy action variables used in this study are listed in Table 3. The maximum theoretical score for the Table 3 variable set is plus twenty-eight or minus twenty-eight.

Target Populations

The social institution variables, with the exception of income redistribution, have been identified in previous studies as typological variables which have typically high values in low fertility nations and typically low values in high fertility nations when all nations are considered.²⁴ The target populations for the employment and social security variables are the adult working age populations (15 years old and above).²⁵ The target population for the female literacy variable is the female population of literate age. The target population for economic equality male/female is an arbitrary value based on the assumption that in a truly egalitarian society, equal percentages of men and women

²⁴United Nations, Population Bulletin No. 7, p. 6.

²⁵Charles F. Holm, "Social Security and Fertility: An International Perspective," Demography 12 (November 1975):632.

TABLE 2
FERTILITY COORDINATION AND SUPERVISION SCORES

Coordination and Supervision Variables*	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
Population agency*				
Research and training*				
Demographic analysis*				
Evaluation and feedback*				
TOTAL				

SOURCE: *Terry L. McCoy, "A Framework for Comparing National Fertility Policies," in Comparative Policy Analysis: The Study of Population Policy Determinants in Developing Countries, ed. R. Kenneth Godwin (Lexington, MA: Lexington Books, D. C. Heath and Company, 1975), Table 3-1.

TABLE 3

FERTILITY POLICY ACTION SCORES

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Birth Control Services*</u>						
Family planning services*						
Abortion on demand*						
Male sterilization*						
Female sterilization*						
Legal status of birth control services*						
<u>Communications*</u>						
Organized population information efforts*						
Sex education in schools*						
Population education in schools*						
Mass exhortation*						
<u>Incentives (direct)*</u>						
Fertility payment*						
Family allowance*						

TABLE 3 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
Paid maternity leave**						
(indirect)*						
Income tax structure*						
Housing assignment***						
Size of housing units**						
Assignment to schools***						
Child labor law†						
<u>Social Institutions*</u>						
Modern employment men*						
Modern employment women*						
Social security (old age pension)#						
Social security (survivorship)#						
Female literacy*						
Income redistribution*						
Economic equality (M/F)*						

TABLE 3 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Direct Regulation (overt)*.</u>						
Forced fertility†						
Mass social education* (covert)*						
Regulation of marriage (age)*						
Conscription*						
TOTAL						

SOURCE: *Terry L. McCoy, "A Framework for Comparing National Fertility Policies," in Comparative Policy Analysis: The Study of Population Policy Determinants in Developing Countries, ed. R. Kenneth Godwin (Lexington, MA: Lexington Books, D. C. Heath and Company, 1975), Table 3-1.

**David M. Heer, "Recent Developments in Soviet Population Policy," Studies in Family Planning 3 (November 1972):258, 262.

***"Population", in 1975 Asia Yearbook (Hong Kong: Far Eastern Economic Review, 1975), p. 60.

†Bernard Berelson, "An Evaluation of the Effects of Population Control Programs," Studies in Family Planning 5 (January 1974), pp. 2-12.

#Charles F. Holm, "Social Security and Fertility: An International Perspective," Demography 12 (November 1975), p. 642.

within the population would be employed in modern employment. If a higher percentage of men than women are employed, the variable will be coded pronatalist. The percentage of target population reached is the difference between the respective percentages of men and women employed. Refinement of this variable cries out for adjustment for the number of female workers lost due to wanted pregnancies; however, these data are not presently available. The target populations for income redistribution and the other policy action variables will be the goals established by the nation under question.

Data

McCoy argued that "as things stand, it is usually not possible to obtain the raw data necessary to calculate output scores for large numbers of countries."²⁶ Collection of data for the individual nations is also encumbered by lack of standard international definitions and collection processes. It is recognized that these problems cause both qualitative and quantitative differences in the same data category for different countries.

²⁶McCoy, "A Framework," p. 66.

Selection of the United States, the USSR, and India as subject nations was based in part on the availability of program data for developing target population percentages. The primary sources for U.S. program data are government departmental publications. In those cases where the needed data are not available, other studies will be used and so annotated. The primary program data sources for India are India, published yearly by the Government of India, Ministry of Information and Broadcasting, and The Times of India: Directory and Yearbook, published by the Times of India Press. The primary program data sources for the USSR are CIA Research Aids and Soviet Law and Government. Another factor that contributes to inaccuracy is the fact that most official governmental data sources are estimates derived by statistical methods rather than actual raw data. When estimates utilized possess a high and low estimated value, the low value will always be used. This process will result in potentially lower scores. For some variables, however, this choice does not inflate scoring and results in a conservative program score. It is recognized that these problems will reduce the accuracy of the study and introduce probable error; however, time and data availability preclude the attainment of more refined measures for table variables.

Summary

The purpose of this chapter has been to familiarize the reader with McCoy's framework for comparative policy output analysis and to discuss the modifications to be used in this study. The revised framework is an attempt to refine the policy indicators in the directions suggested by McCoy in the summary remarks of his study. The revised scoring schema attempts to provide a more objective indicator of policy implementation based on the percentage of target population reached concept. By applying the framework to developed nations as well as to a developing nation, it is believed that the power of the typological variables discussed will stand out as determinants in fertility control. In this sense, the framework provides direction for additional research and

. . . encourages analysis of programs that the governments under question may not have adopted for demographic reasons, despite their general desires to control fertility and growth.²⁷

Other areas for future case study analysis are suggested by those policy action variables that are not utilized by a government. These omissions may indicate the available range of actions open to a particular government.

²⁷Ibid., p. 64.

Disparities between the intentional variable scores--policy statement and coordination and supervision variables--and policy action variable scores also provide excellent direction for future research. One such possible disparity requires amplification. It is possible that a nation could have a lower index score than another nation and be following a potentially more potent short-term fertility policy. This possible index disparity results from the potential difference in effect entailed in the use of a single coercive policy action such as forced fertility instead of several persuasive policy actions. Historical analysis of communist systems by Alfred G. Meyer indicates that even totalitarian governments attempt to decrease the need for coercive actions through use of persuasive actions intended to legitimate goals.²⁸ Meyer's work indicates the need for longitudinal study of policy outcomes as well as accurate quantification of policy output. This study attempts to provide the latter and demonstrate its usefulness as one tool for policy analysis.

²⁸ Alfred G. Meyer, "The Comparative Study of Communist Political Systems," Slavic Review (March 1977):4-8.

CHAPTER III

FERTILITY CONTROL POLICY IN THE UNITED STATES

Fertility control became a recognized issue in the United States at the beginning of this century.

Margaret Sanger was

. . . credited with coining the phrase "birth control". The National (later American) Birth Control League (later Planned Parenthood Federation of America) was established in 1917 with Mrs. Sanger as president. Its Clinical Research Bureau (later Margaret Sanger Research Bureau) opened in 1923 and expanded under the direction of Dr. Hannah Stone (1925-41) and then of her husband, Dr. Abraham Stone (1941-1958). In 1962, the Planned Parenthood Federation of America merged with the World Population Emergency Campaign to form the present Planned Parenthood-World Population as a single national organization for unified action on the population crisis under the presidency of Dr. Alan F. Guttmacher, a distinguished leader in American obstetrics.¹

The first government interest in population policy in the United States resulted from the economic stagnation associated with the depression of the 1930's. The subcommittee on population problems of the National Resources Committee submitted a report to President Roosevelt in 1938 entitled Problems of a Changing Population.

¹Leslie Corsa, Jr., M.D., "The United States," in Family Planning and Population Programs: A Review of World Developments, International Conference on Family Planning Programs (Chicago: University of Chicago Press, 1966), p. 260.

The study committee concluded, however, that the slowing of population growth and the prospect of a stationary population should not be viewed with dismay This conclusion bears a striking similarity to the main conclusion of the Commission on Population Growth and the American Future which issued its report thirty-four years later against a totally different economic, environmental, and demographic background.²

Before President Roosevelt could direct implementation of the Committee's recommendations, the outbreak of World War II turned the nation away from consideration of controversial internal problems to consideration of participation in a world conflict. Manpower, troop, and resource management became paramount as the nation entered World War II and consolidated itself behind the production of war materials and expansion and deployment of the military forces. The sweeping recommendations for social change proposed by the Roosevelt committee were forgotten in the press of these more urgent matters created by the war effort.

During the next decade, government interest in the provision of fertility control services within the national boundaries was typified by President Eisenhower's position. In 1958, he declared that birth control was not a proper area for government intervention.³

²Charles F. Westoff, "United States," in Population Policy in Developed Countries, ed. Bernard Berelson (New York: McGraw-Hill, 1974), pp. 740-741.

³Ibid., p. 742.

Because of religious and political controversy, local, state, and federal governments in the United States have excluded tax-supported family planning services until recent years, and many states still have some restrictive legislation [in 1966]. Only as late as June 7, 1965, did the United States Supreme Court declare unconstitutional the one remaining state law making contraceptive use illegal. This has meant that families of lowest incomes who rely upon tax funds for medical care have been deprived of birth control knowledge and services available to the average American through private resources.⁴

However, during the 1950's, birth control activities at the private non-governmental level proliferated.

In 1952, the Population Council, a private foundation, was formed "to stimulate, encourage, promote, conduct and support significant activities in the broad field of population." . . . it has provided key professional leadership in developing population research, training, and technical consultation in the social and medical sciences. Other foundations, notably Ford, Rockefeller, and Milbank, have provided essential research and training support in population in recent decades.⁵

The first federal fertility control intervention that provided family planning services for the poor came under President Johnson's administration on 2 January 1968. In 1969, President Nixon indicated that fertility control had become an issue of national importance:

A review of population policy in the United States indicates clearly that the most conspicuous recent development, both in terms of visibility and level of government involved, was the creation in 1970 of the Commission on Population Growth and the American Future

The report is the closest the nation has come to considering the formulation of a national

⁴Corsa, "United States," p. 260. ⁵Ibid.

population policy. The very short history of population policy in the United States testifies to how radical a development the commission represents.⁶

This rapid policy development has continued and the fertility control services for the poor have proliferated under the guidance of the Office of Population Affairs established within the Department of Health, Education, and Welfare by the Family Planning Services and Population Research Act of 1970. This act established the post of Deputy Assistant Secretary for Population Affairs and put forward a requirement for the development of a Five-Year Plan with specific service related target goals. Currently, funding has been provided for continuance of population programs at the federal level through fiscal year 1977.

This rapid policy development met opposition from certain interest groups in the United States. Westoff found that:

. . . there are two constituencies that, for different reasons, have historically supported population growth or opposed its limitation--the business community and certain conservative religious bodies, notably the Catholic church.⁷

Westoff indicated that by 1974 the business community had begun to change its outlook; however, the position of the Catholic church, in his view, had undergone

⁶Westoff, "United States." p. 732.

⁷Ibid., p. 746.

little liberalization, especially on the subject of abortion.⁸

Conservative viewpoints, held by many of the older generations who grew up prior to the 1960's, tend to slow proliferation of fertility policy actions. In many cases, the political power in small communities is concentrated in the hands of this group. This situation is highlighted by the refusal of many schoolboards to allow the provision of sex and population education as normal curriculum items taught at the high school level. This reticence is also apparent in federal failure to act in this area.

Fertility Policy Statements

The fertility policy statement scores for the USA are contained in Table 4. Each of the specific variables is discussed in its historical context to provide the reader with the general pattern of policy statement evolution. While the variables are discussed separately, the reader is reminded that each variable may be present in a specific temporal period.

General Legislation

Three separate antinatalist acts passed by Congress have established the primary machinery for

⁸ Ibid., pp. 746-748.

TABLE 4
FERTILITY POLICY STATEMENT SCORES
UNITED STATES

Policy Statement Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
General legislation	1			+1
Executive declarations	1			+1
Administrative declarations	1			+1
Hidden agenda	1			+1
TOTAL				+4

family planning services and population research in the United States. These acts remain in force and are substantially funded through fiscal year 1977.

On 2 January 1968, Congress enacted the Social Security Amendments of 1967.

This Act established categorical project grants for family planning services and required that not less than 6 percent of the monies appropriated for Maternal and Child Health under Title V be available for family planning services.⁹

This Act, in effect, made family planning services available to public assistance recipients.

Congress passed milestone legislation in fertility control and President Nixon signed the Family Planning Services and Population Research Act of 1970 into law on 24 December 1970. The Act authorized establishment of the Office of Population Affairs, under the Secretary of Health, Education, and Welfare; made provisions for establishment of the National Center for Family Planning Services (NCFPS) to administer program grants; expanded the Center for Population Research; and created the Commission on Population Growth and the American Future. Section 2 of the Act listed eight goals:

⁹U.S., Congress, Senate, Committee on Labor and Public Welfare, Progress Report on the Five-Year Plan for Family Planning Services and Population Research Programs, Secretary of Health, Education, and Welfare, April 1974, p. 1.

(1) to assist in making comprehensive voluntary family planning services readily available to all persons desiring such services;

(2) to coordinate domestic population and family planning research with the present and future needs of family planning programs;

(3) to improve administrative and operational supervision of domestic family planning services and of population research programs related to such services;

(4) to enable public and nonprofit private entities to plan and develop comprehensive programs of family planning services;

(5) to develop and make readily available information (including educational materials) on family planning and population growth to all persons desiring such information;

(6) to evaluate and improve the effectiveness of family planning service programs and population research;

(7) to assist in providing trained manpower needed to effectively carry out programs of population research and family planning services; and

(8) to establish an Office of Population Affairs in the Department of Health, Education, and Welfare as a primary focus within the Federal Government on matters pertaining to population research and family planning, through which the Secretary of Health, Education, and Welfare . . . shall carry out the purposes of this Act.¹⁰

This Act authorized the expenditure of 382 million dollars over a three-year period to carry out the service, grant and research efforts.¹¹

Passage of the Social Security Amendments of 1972, on 30 October 1972,

¹⁰Family Planning and Population Research Act of 1970, Statutes at Large 84, sec. 2, 1501 (1971).

¹¹Joy G. Dryfoos, "The United States National Family Planning Program, 1968-74," Studies in Family Planning 7 (March 1976):87.

. . . made it mandatory to inform all recipients of Aid to Families with Dependent Children (AFDC) of the availability of family planning services and to provide or contract for services to all eligible persons desiring them.¹²

In 1973 family planning services provided under the different Titles by several agencies were streamlined and integrated with state programs where possible. This process reduced the redundancy caused by multiple programs sponsored by different agencies and attempted to provide better service at less cost through consolidated administration. These measures were taken under Nixon's "new federalism" program. Since 1973, direct grant monies have remained static; however, Medicaid expenditures have risen sharply as existing program channels have been utilized for program expansion. The primary aim of the family planning services has been to provide the most effective means of contraception available and to decrease the large numbers of unwanted pregnancies. For these reasons, the general legislation variable was coded antinatalist.

Executive Declarations

President Kennedy, although opposed to fertility control, supported the United Nations population control program during his administration. "Kennedy also

¹²U.S., Congress, Progress Report Five-Year Plan, 1974, p. 1.

established a National Institute of Child Health and Human Development which included a research program on human reproduction."¹³

President Johnson recognized the international population problem and pledged support for population research in his 1965 State of the Union address.¹⁴ In 1968, Johnson signed into law the first domestic family planning services legislation--the Social Security Amendments of 1967.

It remained for President Nixon to make the most definitive statement to date on international and domestic fertility policy. On 18 July 1969, he sent a Special Message to the Congress on Problems of Population Growth. In the message, he stated that:

. . . only recently has it come to be seen that pressing problems are also posed for advanced industrial countries when their populations increase at the rate that the United States, for example, must now anticipate. Food supplies may be ample in such nations, but social supplies--the capacity to educate youth, to provide privacy and living space, to maintain the processes of open democratic government--may be grievously strained.¹⁵

In his discussion of poverty and the quality of American life, he indicated that:

¹³Westoff, "United States," p. 742.

¹⁴Ibid., p. 243.

¹⁵U.S. President, Public Papers of the Presidents of the United States (Washington, DC: Office of the Federal Register, National Archives and Records Service, 1971), Richard Nixon, 1969, p. 524.

. . . unwanted or untimely childbearing is one of several forces which are driving many families into poverty or keeping them in that condition. Its threat helps to produce the dangerous incidence of illegal abortion. And finally, of course, it needlessly adds to the burdens placed on all our resources by increasing population.¹⁶

Nixon enumerated four immediate action program areas requiring federal attention. The first and fourth areas are noteworthy:

First, increased research is essential. It is clear, for example, that we need additional research on birth control methods of all types and the sociology of population growth

Fourth, it is clear that the domestic family planning services supported by the Federal Government should be expanded and better integrated In particular, most of an estimated five million low income women of childbearing age in this country do not now have adequate access to family planning assistance, even though their wishes concerning family size are usually the same as those of parents of higher income groups.

It is my view that no American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of adequate family planning services within the next five years to all those who want them but cannot afford them.¹⁷

Nixon pushed for legislation to achieve these goals and for the creation of The Commission on Population Growth and the American Future.

President Ford has done little to further the goals established by Nixon. It is possible, even though he is not generally in favor of provision of welfare

¹⁶Ibid., p. 526.

¹⁷Ibid., p. 528.

services, that his inaction is due to preoccupation with economic problems, the 1976 presidential campaign, and the fact that the U.S. fertility rate has dropped to an all-time low and is presently at or below replacement.

Administrative Declarations

Administrative declarations by high officials implementing federal family planning services began to appear in the Johnson Administration. For the most part, these declarations at the federal level were made by Cabinet members or their immediate juniors in the bureaucracy. These declarations are indicative of the proliferation of policy action expected when policy decisions have been made but not yet promulgated by the President.

A summary of pertinent memoranda from high level HEW officials dating back to 1966 is included as Appendix M in the Report of the Secretary of Health, Education, and Welfare Submitting Five-Year Plan for Family Planning Services and Population Research Programs of 12 October 1971. Typical of the early administrative declarations is this memorandum from the Secretary of Health, Education, and Welfare to the heads of operating agencies, dated 24 January 1966:

The policy of this Department is to conduct and support programs of basic and applied research on the above topics [population dynamics, fertility,

sterility and family planning] to conduct and support training programs; to collect and make available such data as may be necessary to support, on request, health programs making family planning information and services available; and to provide family planning information and services, on request, to individuals who receive health services from operating agencies of the Department.¹⁸

Later declarations became much more positive and unofficially established the offices and machinery authorized in the final version of the Family Planning Services and Population Research Act of 1970 as much as six months prior to passage of the Act.

Perhaps the most important administrative declaration to date was the final report of the Commission on Population Growth and the American Future, issued on 27 March 1972. Like the National Resources Committee Report of 1938, the Commission noted that:

. . . as our work proceeded and we received the results of studies comparing the likely effects of continued growth with the effects of stabilization, it became increasingly evident that no substantial benefits would result from continued growth of the nation's population. This is one of the basic conclusions we have drawn from our inquiry. From the accumulated evidence, we further concluded that the stabilization of our population would contribute significantly to the nation's ability to solve its problems. It was evident that moving toward stabilization would provide an opportunity to devote resources to problems and needs relating to the quality of life rather than its quantity.

¹⁸U.S. Congress, Senate, Committee on Labor and Public Welfare, Report of the Secretary of Health, Education, and Welfare Submitting Five-Year Plan for Family Planning Services and Population Research Programs, Committee Print, 92nd Cong., 1st sess., 1971, p. 548.

Stabilization would "buy time" by slowing the pace at which growth-related problems accumulate and enhancing opportunities for the orderly and democratic working out of solutions.¹⁹

The Commission put forward forty-seven specific recommendations to accomplish population stabilization and the improvement of the quality of American life. Among those recommendations were population education; sex education, especially in the schools; equal rights for women, broad spectrum family planning services for all citizens, especially teenage individuals; legalization of abortion and many other far-reaching proposals.²⁰

Thus in less than a decade, the direction of administrative declarations in the United States changed from a tacit pronatalist policy to a vigorous anti-natalist effort. As these administrative declarations indicate, a rapid proliferation of actions occurred once high level policy decisions were undertaken. McCoy indicated that this relationship should be expected.

Hidden Agenda

At the federal level in the United States, the hidden agenda is expressed through many channels; however, two primary channels through which the possible direction of future fertility policy can be

¹⁹U.S., Congress, Population Growth, p. 110.

²⁰Ibid., pp. 141-147.

discerned stand out in importance. These channels are:
 (1) quasi-public vanguard organizations such as federations, foundations, and associations which may receive federal research grants, and (2) congressional hearings on proposed legislation.

In 1959 the American Public Health Association, under the Presidency of Dr. Leona Baumgartner, declared population problems a major public health concern and specified public health responsibilities for action.³ This was followed in the next few years by similar statements from other national and state organizations and from some state health agencies The National Academy of Sciences issued . . . a 1965 report on the growth of the United States population⁶ recommending government action.²¹

³American Public Health Association, "Policy Statement on the Population Problem," American Journal of Public Health 49:1703 (1959); see also additional policy statement, *ibid.*, 54:2102 (1964).

⁶National Academy of Sciences, The Growth of U.S. Population, Publication No. 1279 (Washington, D.C., 1965).

In the early 1960's, the Planned Parenthood Federation of America escalated the dissemination of information and family planning services.

These local planned parenthood organizations served 281,960 patients during 1964, an increase of 21 percent over 1963, and of 127 percent over 1960, but still less than 6 percent of Planned Parenthood's national estimate of 5,000,000 medically indigent families needing family planning services.²²

²¹Corsa, "United States," pp. 260-261.

²²*Ibid.*, p. 263.

At the same time, research grants were being issued to foundations and universities through the A.I.D. Program and the National Institute of Child Health and Human Development to study the population problem domestically and internationally. By 1968, large scale grants to Planned Parenthood and other agencies for provision of services had been undertaken by the Department of Health, Education, and Welfare.

The American Medical Association (AMA) issued a policy statement, in December 1964, indicating that physicians had a responsibility to their patients to provide birth control guidance or counseling to those patients desiring it or to refer the patient to a doctor who would provide such services. This responsibility was depicted as a professional responsibility transcending the personal beliefs of the physician in question. The statement also indicated that the AMA had assumed responsibility for ensuring that medical schools provided adequate training in human reproduction and birth control.²³

Today, just a few years later, these commitments to family planning services are openly expressed as policy in most professional journals and in the

²³Ibid., pp. 262-263.

literature of a wide assortment of Government Departments such as HEW, Commerce, Labor, and Defense.

The second hidden agenda technique is found in the legislative process itself. So-called "experts" from government agencies, universities, institutes, associations, church councils, and other organizations are encouraged to present statements before congressional committee hearings which tend to inform and test public opinion prior to passage of controversial legislation.

Typical of this type of activity is the statement of Allan W. Ostar, American Association of State Colleges and Universities, before the House Subcommittee on Public Health and Welfare in August of 1970. While discussing social problems associated with population growth, he stated that:

The American Association of State Colleges and Universities also has become increasingly interested in population and pollution problems. We have become aware of the need for better family planning services. We know that increased research for the improvement of family planning services is necessary. We realized the needs for new and improved curriculum and training courses if community and professional health workers are to be adequately prepared for this job.²⁴

²⁴U.S. Congress, House, Committee on Interstate and Foreign Commerce, Family Planning Services, Hearing before the Subcommittee on Public Health and Welfare of the Committee on Interstate and Foreign Commerce on H.R. 15159, H.R. 9107, H.R. 9108, H.R. 9109, H.R. 15691, H.R. 11123, and S. 2108. 91st Cong., 2nd sess., 1970, p. 434.

He concluded by urging:

. . . the passage of the population and family planning act, as passed by the Senate, to support needed and vital family planning programs on the international level as well as the domestic level. Until such legislation is passed and begins to support actual programs, we cannot begin to make headway against the chief social and health problems of our time; over-population and environmental pollution.²⁵

Thus, one means by which the government signals possible future directions for policy is through research grants which elicit demands for policy statements and action programs from interest groups. This process leads to the proposal of legislation and hearings before several committees. During this step, potential public reaction to the proposed course of action is tested and measured. In the U.S., controversial hidden agenda policy provisions, at least in the area of population policy, have usually been attached to some other less controversial legislation such as social security amendments or aid to families with dependent children legislation. This process continues until the particular policy becomes desensitized.

Summary of Policy Statements

The literature and the actual course of events in the United States indicate that the shift from a

²⁵Ibid., p. 435.

pronatalist policy stance to an antinatalist policy stance began to take place in the late 1950's and early 1960's. The first indications of this change in policy direction were hidden agenda responses--research grants--which suggested that favorable government response to quasi-public demand for family planning services might be well received. This demand was followed by proliferation of "expert" opinions favoring inclusion of family planning services under a variety of related legislation.

This activity was followed by executive and administrative declarations actually implementing such services and extensive research. These latter statements usually preceded or coincided with the enactment of major legislation which funded and provided specific direction for the programs. These findings are in consonance with McCoy's findings in his Latin American study where he found that executive declarations were usually followed by proliferation of services.

This pattern also seems to have emerged in the United States. The intent of U.S. legislation has been to provide family planning services for the poor; to promote extensive research in all areas of population; and to make population growth, contraceptive, and fertility information available to all citizens through a multichannel effort. Much of this dissemination of

information has been accomplished through grants to quasi-public organizations.

Fertility Policy Coordination and Supervision

The fertility policy coordination and supervision scores for the USA are contained in Table 5. The development of specific coordination and supervisory machinery proceeded rapidly once specific high level executive declarations were promulgated by President Nixon in 1969. As the discussion of each variable indicates, these activities focus, direct, and coordinate research and action programs related to fertility in the United States.

Population Agency

The Office of Population Affairs was established directly under the Secretary of Health, Education, and Welfare by the Family Planning Services and Population Research Act of 1970. This office was charged with responsibility for preparation of the Five-Year Plan and assigned coordination and administrative responsibility for implementation of the goals enumerated in the Act.

Until 1973, the National Center for Family Planning Services (NCFPS), organized under the Office of Population Affairs, administered the family planning categorical grant program. In 1973, the federal

TABLE 5
FERTILITY COORDINATION AND SUPERVISION SCORES
UNITED STATES

Coordination and Supervision Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
Population agency	1			+1
Research and training	1			+1
Demographic analysis	1			+1
Evaluation and feedback	1			+1
TOTAL				+4

structure was reorganized and "categorical agencies such as NCFPS and Maternal and Child Health Service were consolidated into a Bureau of Community Health Services"²⁶ as federally funded program implementation was integrated with individual state programs to reduce duplication.

Today, program continuity is maintained by the Office of Population Affairs. Grants for family planning services are made available through the Bureau of Community Health Services and through Medicaid funding. Since the efforts of these agencies are directed at full implementation of the goals enumerated in the Family Planning Services and Population Research Act of 1970, the population agency variable was scored antinatalist.

Research and Training

The Center for Population Research of the National Institute of Child Health and Human Development has primary responsibility for the Federal effort in population research. Through grants and contracts, research is supported to develop new means of fertility regulation, to evaluate contraceptive methods currently in use, and to analyze the social and behavioral determinants and consequences of population size, composition and distribution.²⁷

²⁶Dryfoos, "Family Planning," p. 89.

²⁷Center for Population Research, "Progress Report of the Population Research Program of the National Institute of Child Health and Human Development: 1975," Population Research (September 1975):1-31.

Research grants issued by the Center for Population Research totaled 51 million dollars in fiscal year 1974. The grant recipients represented a broad spectrum of universities, federations, associations, private research facilities and other federal agencies. The types of research supported covered all aspects of reproduction, contraception, medical technology, behavior, attitudes toward fertility, demographic considerations and many other topics.²⁸ Manpower development programs were also conducted at a number of universities to provide trained experts.²⁹

The "Progress Report" lists four major activities through which coordination, communications, analysis and feedback are achieved: (1) the Interagency Committee on Population Research (ICPR), coordination and information exchange; (2) publication of Population Sciences: Index of Biomedical Research; (3) publication of population research monographs; and (4) publication of conference and workshop findings.³⁰

Each year the ICPR publishes an Inventory of Federal Research which lists all population sciences grants made by the federal agencies. Examination of

²⁸ Ibid., pp. 9-29. Programs are enumerated by type.

²⁹ Ibid., pp. 27-28. ³⁰ Ibid., pp. 29-31.

this document for fiscal year 1974 indicated the general antinatalist nature of funded research.³¹ This finding, as well as the stated purpose of the Center for Population Research, indicates the antinatalist orientation of the research and training program.

Demographic Analysis

In addition to standard demographic analysis of population trends and migration, the Center has commissioned studies that explored the consequences of population growth:

Several studies deal with economic consequences of population growth, with particular emphasis on per capita factors. These studies are concerned with the costs and disamenities of population growth which offset the economic benefits, and include evaluation of the impact of growth on the resource base and the environment. Preliminary results from one of the studies indicate that per capita GNP (gross national product) rises more rapidly when population grows more slowly.³²

Another demographic aspect of population, family size, was also the subject of extensive research:

A monograph prepared and published within the past year reports an inverse correlation between intelligence of offspring and family size, even when

³¹U.S., Department of Health, Education, and Welfare, Center for Population Research, Inventory of Federal Population Research, Pubn. No. (NIH)75-135 (1975). Contains a policy statement, analysis sections, and a list of all population-related federal grants.

³²Center for Population Research, "Progress Report: 1975," p. 24.

socio-economic status and intelligence of parents are taken into account A recently completed study similarly shows that educational achievement is lower the larger the family size, even when income is held constant.³³

A recent study reported by R. B. Zajonc indicated that intellectual performance generally increases with decreasing family size and that spacing of children also effects performance.³⁴

The general tone of the demographic research findings indicate that reduction in family size and greater spacing of offspring enhance the quality of life. These studies tend to legitimate the qualitative justification for federal family planning programs. The demographic analysis variable is scored antinatalist since the research findings, if applied in the U.S., would most likely produce antinatalist results.

Evaluation and Feedback

This function is based on data provided through the National Reporting System for Family Planning Services (NRSFPS) administered by the National Center for Health Statistics.³⁵ The Office of Population Affairs

³³Ibid., pp. 24-25.

³⁴R. B. Zajonc, "Family Configuration and Intelligence: Variations in Scholastic Aptitude Scores Parallel Trends in Family Size and the Spacing of Children," Science 192 (April 1976):234.

³⁵Dryfoos, "Family Planning," p. 82.

provides the functional activities with feedback and direction based on these data. The evaluation and feedback of research findings is accomplished by the ICPR.³⁶ Since the purpose of these activities is to increase the effectiveness and responsiveness of the family planning programs, the evaluation and feedback variable was scored antinatalist.

Summary of Coordination and Supervision

Passage of the Family Planning Services and Population Research Act of 1970 resulted in the establishment of a number of coordination and supervisory activities under the Office of Population Affairs. These activities have provided focus for the provision of fertility programs and research and have pointed out weak areas in the program. Broad base research and development efforts have indicated that there are qualitative and quantitative advantages in reducing fertility. Today, these activities are incorporated into the larger context of federally supported Community Health Services as an integral part of the general health effort of the Department of Health, Education, and Welfare.

³⁶Center for Population Research, "Progress Report: 1975," p. 29.

Fertility Policy Actions

The fertility policy action scores for the United States are contained in Table 6. It is important to understand that these scores measure what a government actually accomplishes in relation to specific target population goals. In the case of certain variables whose relationship to fertility was explained in Chapters I and II--modern employment of men and women and social security survivorship and pensions--the target populations were identified as the adult working population. The target population for most of the other variables were either established from the actual action program parameters or were estimated from program data. In the cases concerning legal provisions--legal status of birth control services and child labor laws--the target population were the groups identified in the legislation.

It should be noted that there are qualitative differences in the target populations for the policy action variables. For example, the policy action score for family planning services is computed by measuring the actual number of individuals served in relation to those estimated to be in need of services; however, the action scores for the legal status of birth control services and child labor laws assumed that these laws

TABLE 6

FERTILITY POLICY ACTION SCORES
UNITED STATES

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Birth Control Services</u>						
Family planning services	1			6,232,000	66	+ .66
Abortion on demand	1			Not known	50 (est.)	+ .50
Male sterilization		0				.00
Female sterilization	1			286,688	83	+ .83
Legal status of birth control services	1			fertile population	100	+1.00
<u>Communications</u>						
Organized population information effort	1			fertile population	50 (est.)	+ .50
Sex education in schools		0				.00
Population education in schools		0				.00

TABLE 6 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
Mass exhortation		0				.00
<u>Incentives (direct)</u>						
Fertility payment		0				.00
Family allowance			1	4,249,000	91	- .91
Paid maternity leave (indirect)		0				.00
Income tax structure	1			taxpayers	100	+1.00
Housing assignment		0				.00
Size of housing units		0				.00
Assignment to schools		0				.00
Child labor laws	1			all children	100	+1.00
<u>Social Institutions</u>						
Modern employment men	1			52,519,000	94	+ .94
Modern employment women	1			33,417,000	98	+ .98
Social security (old age pension)	1			93,500,000	87	+ .87
Social security (survivorship)	1			93,500,000	87	+ .87

TABLE 6 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
Female literacy	1			75,831,000	99	+ .99
Income redistribution		0				+ .00
Economic equality (M/F)			1	N/A	(11)	- .11
<u>Direct regulation (overt)</u>						
Forced fertility		0				.00
Mass social education		0				.00
(covert)						
Regulation of marriage (age)		0				.00
Conscription		0				.00
TOTAL						+9.12

will be obeyed. Therefore, since variable implementation provides the target populations with freedom from restraint through specific governmental action and follow-up procedures, it is assumed that the target population was reached. In this sense there are definite qualitative differences in the types of individual variables and in what they provide and for whom. This study attempts to quantify the actual range of policy actions taken in relation to perceived need rather than analyze the qualitative differences among variables. It is recognized that implementation of certain variables, for example social security, entail large capital outlays.

Again, it is necessary to reiterate that this study only considers policy variables undertaken at the national level. For this reason certain variables were scored as zero that are subject to control at the state level. For example, marriage age is not legislated at the national level. Rather, it varies from state to state. Sex education in schools and paid maternity leave are other variables not undertaken at the national level which vary widely in different states. In each case, where a variable was scored as zero, it was thoroughly investigated and it was determined that the federal government had not undertaken the particular

policy action. Program data and scoring justification are provided for each of the policy action variables scored as minus or plus one.

Birth Control Services

Family planning services. The first target population for federally funded family planning services was established under Section 5 of the Family Planning Services and Population Research Act of 1970.

While the goal of the program is to assist in providing services to all who need and want them, priority has been assigned to the provision of services to those who cannot afford private medical care.³⁷

As a result, the minimum target population was defined as the adjusted number of women (aged 15-44) exposed to risk of unwanted pregnancy who fall below 150 percent of the individual state poverty level. The initial target population developed under this formula was 6.1 million women based on 1966 population data. This figure was adjusted downward for those entering and leaving the risk group during the year and a final minimum target population of 5.2 million women was established for fiscal year 1971.³⁸

³⁷U.S., Congress, Report of Secretary HEW, Five-Year Plan, 1971, pp. 77-78.

³⁸Ibid., pp. 78-81. This publication outlines the entire family planning program, its target goals, expected client load, and the problems to be faced in implementing comprehensive family planning services on a national basis.

Funding for family planning services for recipients or those qualified to receive AFDC was authorized through passage of the Social Security Amendments of 1972. The extension of family planning services to AFDC recipients extended full coverage beyond the target population in some cases since AFDC recipients are not necessarily poor.

The latest published government program data available are for fiscal year 1973; however, secondary studies provide figures for 1974 using the same need projection base and similar client served sampling techniques as are used by HEW. These 1974 figures indicated a target population of 6,232,000 priority women at risk. The survey indicated that services were provided for 4,114,000 women which produced a target population reached statistic of 66 percent.³⁹ This 66 percent figure represents a dramatic program rise from fiscal year 1971--the first program year--when 633,048 women or 12 percent of the original target population were provided services.⁴⁰

³⁹Dryfoos, "Family Planning," p. 85.

⁴⁰U.S., Congress, Senate, Committee on Labor and Public Welfare, Progress Report on the Five-Year Plan for Family Planning Services and Population Research, Committee Print, 92nd Cong., 2nd sess., 1972, p. 69.

Abortion on demand. Federal intervention in the abortion on demand issue has been quite controversial. The U.S. Supreme Court decision of 22 January 1973 struck down state antiabortion laws. As a result, abortion on demand became a service provided under Medicaid coverage which includes many of the poor. However, the abortion issue is still very controversial and the prolife group has managed to get legislation passed--the so-called Hyde Amendment--that would have prohibited payment for abortions under federally subsidized Medicaid after 1 October 1976. However, this move was countered by the antiabortion group which obtained a federal injunction restraining implementation of the Hyde provision indefinitely pending legal review. This issue is still not resolved. Eligibility requirements for Medicaid coverage of abortion are basically the same as those required to qualify for family planning services under the current program.

While abortion is not included under the provisions of the Family Planning Services and Population Research Act of 1970 as amended, abortion counseling is provided by family planning agencies and the patient is referred to Medicaid if an abortion is desired. A recent survey,

. . . as well as the CDC abortion report of 1974, suggests that there has been considerable

diffusion of abortion services among regions and states in the years following the 1973 Supreme Court decisions. Services continue, however, to be concentrated generally in nonhospital clinics in just one or two metropolitan centers within each state . . . While those who have sufficient time, money and sophistication may not be disadvantaged by such an arrangement, the poor and the very young probably are.

The failure of most hospitals to provide abortion services in response to the Supreme Court's 1973 abortion decisions is largely responsible for this inequitable distribution. The default of public hospitals, on which many poor persons traditionally depend for health care, undoubtedly deters many poor women from obtaining abortion services.⁴¹

A specific target population for Medicaid-covered, federally funded abortion service has not been established. Rather, services have been provided on an "as needed" basis. The actual target population for such abortion services would be much smaller than the target population for family planning services since the contraceptive failure rate for the three primary birth control methods--pill, IUD, and sterilization--is rather low. Conceptually, the actual target population would consist of the number of unwanted pregnancies experienced by members of the family planning services target population corrected for those women opposed to abortion. Government statistics identifying this specific group are not maintained; however, estimates have been

⁴¹Edward Weinstock, Christopher Tietze, Fredrick S. Jaffe, and Joy G. Dryfoos, "Abortion Need and Services in the United States, 1974-1975," Family Planning Perspectives 8 (March/April 1976):67.

reported from studies that indicate a high of 70 percent and a low of 50 percent of the women in this conceptual target population were served through Medicaid in 1974.⁴² For this reason, the abortion variable will be coded antinatalist and assigned the estimated lower value of 50 percent of target population reached.

Male sterilization. To date, the Federal Government has not provided male sterilization services to specific target populations. Some male sterilization has been provided under federally funded programs other than the family planning services program. An example of this coverage is service provided military servicemen. Presently, federally funded male sterilization under the family planning services program is only provided for those husbands of women who qualify for female sterilization but are unable to undergo the sterilization operation themselves for health reasons.

In certain instances, males convicted of sex crimes may be voluntarily or involuntarily sterilized at federal expense; however, these instances are rare and are not considered under the family planning services program. In other cases, low income males may obtain sterilization services through private birth control

⁴²Ibid., pp. 58-63.

clinics. For these reasons, the male sterilization variable is coded neutral.

Female sterilization. In the U.S., female sterilization is included as a means of contraception under the provisions of the Family Planning Services and Population Research Act of 1970. It is the recommended means of birth control for those women who have had the number of children that they desire and therefore want the most effective measure of birth control. At inception, the plan projected:

. . . an increase in the incidence of contraceptive sterilization among those in the universe of need [married women] from 8 percent in FY 1971--the average national incidence reported in the 1965 National Fertility Study--to 15 percent in FY 1975.⁴³

Program estimates of the total number of women sterilized under federally funded programs for the target population for family planning services are not available. However, an estimate of the 1974 target population for female sterilization can be drawn from data found in HEW's Monthly Vital Statistics Report of 4 October 1976. These data are based on a study completed in early 1974 as part of Cycle I of the National Survey of Family Growth conducted by HEW.

⁴³U.S., Congress, Report of Secretary HEW, Five-Year Plan, 1971, p. 81.

The number of married women below 150 percent of the poverty level was estimated at 2,108,000.⁴⁴ Pro-rating the desired 7 percent increase in married female sterilization over the five-year plan period yields a target incidence of 13.6 percent for 1974. From this percentage, a target population for sterilized married females of 286,688 women can be estimated. The Monthly Vital Statistics Report data indicate that 300,819 married women below 150 percent of the poverty level were sterilized.⁴⁵ This figure includes women sterilized at their own expense as well as those sterilized under federally funded programs and does not include widows or single women sterilized under federal programs.

Assuming the same ratio of married women in the universe of need as found in the 1974 study, there were approximately 140,608 sterilized married women at the inception of the family planning services program in 1971. Based on need projections through 1974, an additional 146,080 female sterilizations would be required by 1974 to reach an incidence of 13.6 percent. This

⁴⁴U.S., Department of Health, Education, and Welfare, Health Resources Administration, Monthly Vital Statistics Report, Pubn. No. (HRA)76-1120 (4 October 1976), Table 9, pp. 14-15.

⁴⁵*Ibid.*, p. 16. This figure is derived from Table 10 data.

figure does not take into account women entering and leaving the target population each year.

Yearly estimates for actual female sterilization performed under federally funded programs, derived from program data, indicate that approximately 77,150 women in the family planning services target populations during fiscal years 1971-1973 were provided sterilization service. Projection of the same acceptance ratio indicated that an additional 19,130 female sterilizations were probably performed in fiscal year 1974.⁴⁶ Thus, the aggregate estimated total number of women sterilized under federal programs in the target population from fiscal years 1971-1974 was 96,280. Addition of this figure to the number of sterilized low-income women at program inception, produces a very tentative total of 236,888 sterilized women in the target population through fiscal year 1974. Therefore, the percentage of target population reached is estimated at 83 percent. The higher figure of 300,819 sterilized women in the target population was not used because many of these women were probably sterilized outside the federal program. Use of the lower estimate, derived from program

⁴⁶ These estimates are derived by multiplying the reported sterilization rate by the reported number of women served in the family planning services target population for each program year.

data, provides a tentative measure of federal performance.

This variable received a higher score than the family planning services variable. The reason for this difference is suggested in Westoff's analysis of the 1970 National Fertility Study. He indicated that the study supported the hypothesis "that contraception is more effective when its practice is motivated by a desire to avoid additional births than when it is employed for spacing purposes."⁴⁷ Since sterilization is an avoidance method, it would probably be pursued by the group of women desiring to avoid further conception who should possess greater motivation for program acceptance than spacers.

Legal status of birth control services. This variable measures the extent to which national law (Federal Law in the United States) prohibits the use, dissemination, or availability of birth control services. The use of birth control methods or services by individuals in the United States is not controlled for the adult population at the federal, state or local level. Recent federal judicial decisions have made birth

⁴⁷ Charles F. Westoff, "The Yield of the Imperfect: The 1970 National Fertility Study," Demography 12 (November 1975):575.

control methods and services available to minors without the consent of their guardians. Local and state laws prohibiting abortion for minors without consent of the guardian are currently being challenged in the courts.⁴⁸

Prior to 1967, the only federal statutes specifically concerned with contraception were restrictive ones. They prohibited the importation and dissemination of contraceptive articles and of information about them through the United States mails as obscene matter. These statutes, named the "Comstock Laws", after their chief proponent Anthony Comstock, were enacted in 1873 These restrictive laws were finally amended in 1971 to delete all references to contraception except for unsolicited contraceptives and contraceptive advertising.⁴⁹

In keeping with the federal position:

. . . dissemination of information about contraceptives is lawful in all states under applicable judicial authority interpreting the First Amendment to the Constitution. Sale or distribution of contraceptives is permitted under the law of all states.⁵⁰

The regulation of contraceptive articles and drugs is a responsibility of the Food and Drug Administration (FDA) under the Food, Drug and Cosmetics Act.⁵¹

FDA regulation is concerned with the safety of these items and is not intended to impair their availability.

⁴⁸"Minors Don't Need Parental Consent for Abortion," Family Planning/Population Reporter 4 (February 1975):2-3.

⁴⁹U.S., Department of Health, Education, and Welfare, Family Planning, Contraception, and Voluntary Sterilization: An Analysis of Laws and Policies in the United States, Each State and Jurisdiction, DHEW Pubn. No. (HSA) 74-16001 (1974), p. 4.

⁵⁰*Ibid.*, p. 61.

⁵¹*Ibid.*, p. 4.

Consequently, a wide range of pills, devices, and drugs have been approved for distribution and use.

On 22 January 1973, the United States Supreme Court struck down the legality of prohibition of abortion on demand.⁵² The regulatory interest of the state in maternal health and safety in abortion decisions after the first trimester of pregnancy, as delineated by the Court, is not evaluated as restricting the availability of abortion. In most cases, the decision to terminate or continue the pregnancy is taken in the first trimester. While abortion after this point is subject to restriction, it is not prohibited.

Today, sterilization is generally available on demand. There are no federal restrictions. Certain states require counseling and consent of the marriage partner; however, these requirements are rapidly being repealed.⁵³

The target population for this variable is the fertile population. This variable will be coded anti-natalist and scored as 100 percent. As has been demonstrated, there are no federal restrictive regulations and the legality of birth control services for

⁵²Harriet F. Pilpel, Ruth Jane Zuckerman, and Elizabeth Ogg, "Abortion: Public Issue, Private Decision," Public Affairs Pamphlet 527 (September 1975):1-4.

⁵³U.S., DHEW, Family Planning, p. 69.

the fertile population has been established in the federal and state law.

Communications

Organized population information effort. There are no reported studies available that measure the extent to which the public has been informed of the population problem as it applies to the United States. The provision of such information was one of the eight goals established by the Family Planning Services and Population Research Act of 1970.

Population information has been aired on the Public Broadcasting System and is readily available through federally supported groups such as Zero Population Growth, Planned Parenthood, the Birth Control Institute, and also through the Public Health clinics. These organizations also provide outreach programs and are most willing to speak to any individual or group. In most communities, they also advertise "hot-line" counseling service in the local newspapers. In addition, HEW publishes a large volume of information and study results that are available in most public libraries.

While these efforts certainly make population information readily available, they do not represent a concerted multichannel effort to generate public

interest in the economic, social, and cultural aspects of population in the United States. The sweeping reforms proposed in the final report of the Commission on Population Growth and the American Future received little public exposure. Another indicator of the lack of a concerted effort is the fact that federal population and sex education curriculum packages have not been made available for use in the public school systems; public schools are not persuaded to teach these subjects through riders attached to federal education grants.⁵⁴

In his discussion of population policy in the United States, Westoff concluded that:

. . . in general, the American public appears definitely committed to family planning and their government's responsibility for providing necessary programs. They know little about population, but the majority seems to feel that population is something of a problem and that slower growth would be desirable. In all probability, population growth is not very high on the list of national problems in the minds of most Americans.⁵⁵

For these reasons, this variable was coded anti-natalist and an estimated score of 50 percent of target population reached assigned.

⁵⁴These facts were verified in an interview with Robert A. Dean, Curriculum Coordinator for Science and Health, San Diego County Department of Education, San Diego, CA, 8 November 1976.

⁵⁵Westoff, "United States," p. 744.

Incentives

Family allowance. There is no universal federal family allowance program in the United States. Certain unmarried women with dependent children, however, qualify for Aid to Families with Dependent Children.

A telephone interview with Barbara Boland, a Research Associate of The Urban Institute, indicated that AFDC payments to female heads of households has a pronatalist effect because the future availability of these payments allow women to continue pregnancies that otherwise might be terminated through abortion. The payments also partially enable such women to establish their own households rather than reside with relatives.

Based on her studies of data from 1967-1970, Boland estimated that in 1970 there were 4,025,000 female-headed families eligible for AFDC.⁵⁶ The female-headed participation rate for 1970 was 91 percent.⁵⁷ Based on Boland's information, this variable is coded

⁵⁶U.S. Congress, Joint Economic Committee, Participation in the Aid to Families with Dependent Children Program (AFDC), by Barbara Boland, Joint Committee Print, Study Paper No. 12 (Part I) (Washington, DC: Government Printing Office, 1973), p. 155.

⁵⁷Ibid., Table 3, p. 153. In a telephone interview with Barbara Boland, Research Associate, The Urban Institute, Washington, DC, 3 November 1976, she indicated that there was no appreciable change in the percentage of eligible women receiving AFDC payments between 1970 and 1976.

pronatalist and assigned a value of 91 percent of target population reached.

Income tax structure. Studies analyzing the effect of personal income tax on fertility in the United States are not readily available. Berelson and McCoy both suggested that personal income tax structures may be used to either reward or punish the individual for progressive fertility. The basic idea is that a pronatalist structure provides a large tax reduction for additional dependents and an antinatalist structure provides no advantage for additional dependents. Using this premise, the personal income tax structure was partially analyzed for 1974. All levels of income were checked; however, for illustration purposes, incomes of \$9,100 and \$18,000 were used. For table construction, the following assumptions were made based on current earning patterns: (1) both individuals were salaried employees and received roughly equivalent wages, (2) standard deductions were taken, (3) for the unmarried couple living together, one individual filed as single not head of household claiming one exemption and the other individual filed as single head of household with X number of exemptions. Table 7 was constructed to illustrate the differentials found in the federal tax structure potentially effecting fertility decisions.

TABLE 7

1974 FEDERAL INCOME TAX DIFFERENTIALS
UNITED STATES

Combined Income \$9,100 (\$4,550 for each person)				
Filing Procedure	Total Number Exemptions/Couple and Taxes in Dollars			
	2	3	4	5
Tax for married couple filing a joint return	1041	898	756	614
Combined tax of unmarried couple filing separate returns	786	656	537	432
Tax for single individual filing as <u>not</u> head of household with one exemption	(400)	(400)	(400)	(400)
Tax for single individual filing as head of household with X number of exemptions	(386)	(256)	(137)	(32)
Combined Income \$18,000 (\$9,000 each person)				
Tax for married couple filing a joint return	2885	2698	2510	2223

TABLE 7 (continued)

Filing Procedure	Total Number Exemptions/Couple and Taxes in Dollars			
	2	3	4	5
Combined tax of unmarried couple filing separate returns	2554	2389	2243	2090
Tax for single individual filing as <u>not</u> head of household with one exemption	(1321)	(1321)	(1321)	(1321)
Tax for single individual filing as head of household with X number of exemptions	(1233)	(1068)	(922)	(779)

SOURCE: U.S., Department of the Treasury, Internal Revenue Service, 1974 Federal Income Tax Forms (Washington, DC: Government Printing Office, 1974), Tables 1-4, pp. 18-21.

NOTE: The first figure in parentheses in each table column is for a single individual filing as not head of household, claiming one exemption. The second figure in parentheses is for a single individual filing as head of household with X number of exemptions.

Examination of Table 7 disclosed several anti-natalist factors. First, in the case where both individuals in a household work--this is the case in over 50 percent of U.S. households--they pay a penalty for being married regardless of tax bracket. In short, they are better off, in terms of taxes paid, if they simply live together without the bonds of marriage. Second, when the cost of raising an additional child is considered, the overall tax reduction for the additional child is minimal in relation to the projected yearly cost of raising that child. These two factors would seem to act as a negative fertility incentive since the tax structure favors single status and does not compensate to any large degree for the projected cost of an additional child.

The latter assumption is indirectly supported by Westoff's analysis of the negative fertility correlation of income in the 1970 National Fertility Study⁵⁸ and by Harvey Leibenstein's article in the International Labour Review. Leibenstein discussed the socio-economic theory of fertility and argued that:

. . . as a steadily rising proportion of the population shifts into higher socio-economic groups, the competition between maintaining a higher

⁵⁸Westoff, "Yield of the Imperfect," p. 577.

consumption standard and rearing a certain number of children becomes more severe.⁵⁹

The 1974 tax structure would seem to accelerate these effects by making an additional child relatively costly in relation to the tax reduction afforded. For these reasons, this variable was coded antinatalist and scored as reaching the entire tax paying public.

Child labor. The current child labor provisions of the Fair Labor Standards Act are summarized in the Handy Reference Guide to the Fair Labor Standards Act.⁶⁰ The intent of child labor laws is to prevent systematic exploitation of children and to assure them access to education. While there are cases where children are exploited--especially in the case of migrant farm workers--coverage has been extended to all children. Legal redress is taken through school districts and other agencies as well as by interested parties when a violation is detected; therefore, this variable was coded antinatalist and assigned a value of 100 percent of target population reached.

⁵⁹Harvey Leibenstein, "Socio-Ecomonic Fertility Theories and Their Relevance to Population Policy," International Labour Review 109 (May-June 1974):454.

⁶⁰U.S., Department of Labor, Employment Standards Administration, Wage and Hour Division, Handy Reference Guide to the Fair Labor Standards Act, WH Pubn. No. 1282 (1975), pp. 12-13.

Social Institutions

Modern employment of men and women. The U.S. Statistical Abstract indicated that there were 52,519,000 men, 16 years of age or older, in the labor force in 1974. Of that number, 49,618,000 were nonagrarian workers.⁶¹ Based on these statistics, the male employment variable was coded antinatalist and assigned a value of 94 percent of target population reached.

Data from the same source indicated that there were 33,417,000 women in the labor force in 1974 and that 32,825,000 were nonagrarian workers.⁶² Based on these statistics, the female employment variable was coded antinatalist and assigned a value of 98 percent of target population reached.⁶³

Social security (pensions and survivorship).

In the United States, social security is administered under the Department of Health, Education, and Welfare. Since both pensions and survivorship are covered under the same plan, the same target population and target

⁶¹U.S., Department of Commerce, Bureau of the Census, Statistical Abstract of the United States: 1975, 96th ed. (1975), Table 558, p. 343.

⁶²Ibid.

⁶³Modern employment of men and women are two of the typological variables related to fertility by Beaver, Demographic Transistion. These variables were discussed in Chapter I.

population reached percentage figures were used for both variables.⁶⁴

In his study of sixty-seven nations, Holm found that long-term risk coverage programs were inversely related to fertility rates.⁶⁵ The most important fertility consequent aspect of social security, as identified by Holm, is the number of workers covered.

The data for 1974 indicated that there were 93,500,000 workers in the labor force and that 81,400,000 workers were covered under public programs.⁶⁶ Therefore, the social security variables were coded antinatalist and assigned a value of 87 percent target population reached; a value that, incidentally, coincided nicely with the U.S. index score of 0.861 developed by Holm in his study, based on 1961 data.⁶⁷

Female literacy. The latest national literacy study conducted in the United States was completed in

⁶⁴U.S., Department of Health, Education, and Welfare, Social Security Administration, Social Security Bulletin: Annual Statistical Supplement, 1974, DHEW Pubn. No. (SSA)76-11700 (1974), pp. 5-12.

⁶⁵Holm, "Social Security and Fertility," pp. 640-641.

⁶⁶U.S., DHEW, Social Security Bulletin, 1974, Table 5, p. 41.

⁶⁷Holm, "Social Security and Fertility," Table 1, pp. 634-635.

1969. At that time there were an estimated 727,000 illiterate women in the nation. The total female population of literate age (over fourteen by the U.S. definition) was estimated at 75,831,000 women.⁶⁸ These statistics yield a female literacy rate of 99 percent.

Economic equality. The economic equality variable value was developed by use of the procedure detailed in Chapter II. In 1974 there were 102,945,000 male residents and 108,446,000 female residents in the United States.⁶⁹ Using the modern employment statistics produces a male percentage of 41 percent and a female percentage of 30 percent. The difference between these percentages is 11 percent indicating that 11 percent of the female population has not achieved economic equality in the egalitarian sense. This variable does not measure the qualitative differences in employment. Rather, it measures modern employment differentials in relation to total population. In this sense, it is an indirect indicator of the extent to which traditional female roles barring modern employment were broken down.

⁶⁸U.S., Commerce, Statistical Abstract: 1975, Table 195, p. 111. The literacy variable is also a typological variable related to fertility by Beaver, Demographic Transition.

⁶⁹U.S., Commerce, Statistical Abstract: 1975, Table 26, p. 26.

Summary of U.S. Population
Policy

This chapter has argued that fertility policy in the United States has undergone a rapid change from a pronatalist stance to an antinatalist stance in less than two decades. This change culminated in the passage of the Family Planning and Population Research Act of 1970.

The intent of the discussion of policy actions was to explicate the proliferation of new antinatalist policy actions associated with this change. In particular, attention has been focused on the provision of family planning services for low-income women. It was also argued that antinatalist changes have occurred in existing social programs such as social security, and the income tax structure that have probable fertility consequences.

Prior to this change in policy direction, the U.S. fertility rate was relatively low due to demographic variables and previously instituted social programs that have probable antinatal effects. These variables include modern, employment of men and women, social security, child labor laws and female literacy.

Application of the revised version of McCoy's framework produced an antinatalist policy score of 17.12

based on available statistics through calendar year 1974. More recent statistics were not available since government compilation, preparation, and distribution requires up to eighteen months after the end of the year in question.

Causal analysis of the impact of the change in U.S. fertility is beyond the scope of this paper; however, the probable impact can be inferred from the trend of U.S. fertility rates over the last two decades.

Examination of Table 8 indicates a slow decline from 1960 until 1970. The rapid decline between 1970 and 1973 coincides with the period of heaviest enrollment of low-income women in federally funded family planning programs sponsored under the Family Planning Services and Population Research Act of 1970.

This chapter also suggested that resistance to change has slowed the implementation of certain goals of the Family Planning Services and Population Research Act of 1970. The absence of sex and population education programs in public schools and the continuing controversy over abortion, typified by the Hyde Amendment, are suggested indicators of cultural resistance. These areas cry out for extensive behavioral research to identify the roots of this resistance in a society that is very progressive in other social service fields.

TABLE 8

FERTILITY STATISTICS 1955-1974
UNITED STATES

Year	Number of Births	Fertility Rate			
		Total	White	All Other	
				Total	Black
1974	3,159,958	68.4	64.7	91.0	90.8
1973	3,136,965	69.2	65.3	94.3	94.3
1972	3,258,411	73.4	69.2	100.3	100.5
1971	3,555,970	81.8	77.5	109.5	110.1
1970	3,731,386	87.9	84.1	113.0	115.4
1969	3,600,206	86.5	82.4	114.8	113.6
1968	3,501,564	85.7	81.5	114.9	114.0
1967	3,520,959	87.6	83.1	119.8	119.7
1966	3,606,274	91.3	86.4	125.9	125.7
1965	3,760,358	96.6	91.4	133.9	133.9
1960	4,257,850	118.0	113.2	153.6	153.5
1955	4,097,000	118.3	113.7	154.3	---

SOURCE: U.S., Department of Health, Education, and Welfare, Health Resources Administration, Monthly Vital Statistics Report, Pubn, No. (HRA)76-1120 (13 February 1976), Table 1, p. 6.

As McCoy indicated, application of the framework has explicated some of the fertility determinants in the United States and provided a quantitative measure of national fertility policy for use in cross-national comparative analysis. More importantly, it has exposed several areas requiring further research. This is especially true in the disparity between the 1970 program goal of wide dissemination of population and fertility information and actual implementation of communications category policy actions.

CHAPTER IV

FERTILITY CONTROL POLICY IN THE USSR

Fertility control policy analysis of the USSR suffers from two major problems. First, statistical data for programs undertaken are rarely available or released by the Soviet government. Second, stated policy positions based on socialist dogma may differ from the actual course of action undertaken and Marxism-Leninism contains contradictory population policy action positions.

Historically, the basic Soviet position on fertility is based on Marx's fundamental disagreement with the theory of population put forward by Thomas Malthus. Lenin accepted Marx's position on population and incorporated it into his own expanded teaching, modifying it to suit the world situation at the time of the revolution in Russia. Lenin, as interpreted by many prominent Soviet demographers, believed that scarcity of food was a result of capitalist imperialism and an improper distribution of the profits of labor. Consequently, Lenin saw hunger as an artificially induced phenomena that could be corrected by proper socialist socio-economic development. This position has been tempered in recent years by the findings of Soviet

"scientific" demography and the mass starvation observed in Pakistan, Bangladesh, and India, among other nations.¹

Actual Soviet fertility policy possesses several internal contradictions that have tended to prevent the articulation of a clear policy position by the Soviet leadership. These contradictions are both ideological and structural. First, the socialist ideological commitment to equality between the sexes and goals of equal participation of women in all aspects of society, expressed in the writing of Lenin, possess potential antinatal outcomes. Second, structural conditions fostered by socialist goals--development of social capital, urbanization, industrialization and education of the masses--have been identified as antinatalist policy actions. At the same time, however, the regime, especially under Stalin, desired continued expansion of the labor force and high fertility to continue that expansion. Thus, women were encouraged to enter the labor force and at the same time to bear many children. Motherhood was strongly praised and the regime provided pronatalist incentives--family allowances, maternity payments and maternity leave. These allowances were instituted after the purges of the thirties and reached

¹B. Urlanis, "Demographic Policy in the Contemporary World," Soviet Law and Government 14, (Spring 1976):65.

their apex in the period of high manpower loss resulting from World War II.

Recently, the ethnic balance question, exacerbated by high fertility in the Asian areas and low fertility in Caucasian and urban areas, has become a sensitive policy matter. Various proposals have been put forward by Soviet demographers to stimulate urban birth rates and lessen the high rural Asian fertility pattern. However, the regime has been slow to act on these proposals out of fear of being branded as racist which is a somewhat uncomfortable position from the ideological point of view.

In many respects, both the ideological and structural factors have been continually conditioned by Soviet economic goals associated with rapid heavy industrialization. These goals have generally received the heaviest emphasis and have been reflected in the type and amount of social services provided the population.² Therefore, health and welfare items have been provided, but consumer goods have generally been scarce. Thus, Soviet fertility policy, as measured by the variables used by the study to assess potential fertility impact has displayed both antinatalist and pronatalist qualities.

²John Driejarnis, "The Soviet Pro-natalist Policy," Population Review 16 (Jan-Dec 1972):18-23.

Soviet policies from 1918-1936 were generally antinatalist and provided a high degree of social mobility for women especially during Lenin's period of leadership. Moreover, Lenin's egalitarian attitude toward women tended to rapidly break down the traditional female role as mother in the more urbanized areas of the nation.

As Stalin began consolidating his power in 1928, the liberal social policies of Lenin, especially those toward women, were changed. By 1936, the Stalinist terror was a reality and the major emphasis of Stalin's regime was on heavy industrial production and nationalism. In this atmosphere, many of the liberal social programs were greatly restricted. The industrialization and military goals of Stalin required continual expansion of the labor force and signalled the beginning of the pronatalist period designed to stimulate fertility. Lenin's earlier liberal marriage, divorce, and abortion laws were rescinded in favor of much more conservative positions.³ In addition, maternal aid was provided as were annual family allowances for mothers having more than seven children. To further stimulate fertility and at the same time increase the number of women in the labor force, maternity leave was extended to all working

³Ibid., p. 20.

women and discrimination in hiring due to pregnancy became a punishable offense.⁴ In 1941, a progressive head tax was levied on all single and married persons who were childless.⁵ In 1944, the head tax was increased and extended to families with two or less children and family allowances were increased. 1944 represented the high point for pronatalist policy in the USSR.⁶

In 1947, the pronatalist provisions were reduced and by 1955 abortion on demand was once again provided. It was argued legalization of abortion would end the high rate of illegal abortions and that it was based on the Socialist right of women to decide for themselves the number of children they should have.⁷

In 1956, a progressive social security act was passed that provided extremely high benefits and by 1971, coverage had been extended to almost all workers including rural peasants. As previously indicated, social security (especially the pension and survivorship features) has potential antinatal consequences. Communist elites in 1956 probably were not aware of these potential consequences.

Writing for Demography in 1965, David M. Heer cited the usual demographic studies by Soviet demographers urging fertility increase. However, Heer also

⁴Ibid. ⁵Ibid., p. 21. ⁶Ibid. ⁷Ibid.

argued that:

. . . a different population policy is suggested in the frequent argument of Soviet publications that contraceptive practice should be improved and increased so that the number of abortions may be reduced.⁸

He concluded that the economic need for a high percentage of women in the work force and reluctance to spend social capital for childcare centers, additional schools and especially more housing, dictated actual policy.

The indications suggest that:

. . . even though the regime might abstractly prefer a higher rate of childbearing, it is probable that it is not willing to pay the price of a full-scale campaign toward this end.⁹

In 1974, Soviet economist R. Galetskaya indicated that:

One of the principle causes making for a lower birthrate is the expanded participation of women in economic and social activity At present, the proportion of women of working age who are employed in social production is 82% in the USSR (excluding work in personal subsidiary farming). .
 . . .¹⁰

Galetskaya also indicated that poor quality day nurseries, insufficient kindergartens and lack of adequate

⁸David M. Heer, "Abortion, Contraception, and Population Policy in the Soviet Union," Demography 2 (1965):538.

⁹Ibid., p. 539.

¹⁰R. Galetskaya, "The Demographic Situation in the C.M.E.A. Member-Countries," The Current Digest of the Soviet Press 26 (18 September 1974):2.

housing deterred women from childbearing in the USSR.

Thus it appears from indications in the available literature and the Soviet press that fertility policy is a low priority agenda item in the USSR which is considered within the constraints of economic and social policy. Soviet demographers are generally in favor of increasing the fertility rate to provide a continuously increasing labor force. On the other hand, the leadership has been reluctant to provide capital to finance the programs proposed by the demographers.

Fertility Policy Statements

The fertility policy statement scores for the USSR are contained in Table 9. Each specific variable is discussed in its historical context to provide continuity and understanding of fertility policy evolution in the USSR.

General Legislation

As has been indicated, general legislation in the USSR has vacillated between pronatalist and anti-natalist. To date, the available literature does not indicate that legislation to establish a central ministry or agency to coordinate and control fertility consequent policy actions has been officially proposed.

TABLE 9
FERTILITY POLICY STATEMENT SCORES
USSR

Policy Statement Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
General legislation		0		
Executive declarations		0		
Administrative declarations			1	-1
Hidden agenda			1	-1
TOTAL				-2

The first identifiable pronatalist action was the decree of 27 June 1936 which banned abortion for other than health reasons, provided financial aid to mothers, family allowances for families with seven or more children, and maternity leave for employed women.¹¹

The decrees of 21 November 1941 provided for a head tax on single workers and married couples with no children and increased the family allowance and coverage substantially. The 1944 decree actually continued the 1941 actions and increased the family allowance again. In addition, it extended the head tax to couples with two or less children and increased the tax rate. It also made various changes to divorce regulations designed to discourage the dissolution of marriages.¹²

The pronatalist policy direction weakened in 1947 when family allowances were cut in half. The rise in earnings since that time, without subsequent raises in the family allowances, has greatly reduced the effect of the family allowance as a fertility stimulus. Additionally, the allowance is payable to families only after the birth of the fourth child. Helen Desfosses Cohn's research, based on a reported Soviet study,

¹¹Dreijamnis, "Pro-natalist Policy," p. 20.

¹²Ibid., pp. 20-21.

indicated that in 1967 only 3.3 percent of urban families and 14.7 percent of rural families had four or more children.¹³ In short, few families actually received family allowances.

In 1955, abortion on demand was again legalized. This action had immediate antinatal effects and by 1965, it was estimated that there were between 2.5 and 3 abortions for each birth.¹⁴

The universal social security decree of 1956 provided high pensions and had definite antinatal potential. Extension of the high pension coverage rates to collective farmers through the social insurance program in 1971, virtually assured all workers of adequate old age support independent of their children. Meanwhile, by 1963, the head tax on married couples had been eliminated and it had been reduced substantially for single individuals.

Since 1955, abortion and contraceptive counseling have been routinely available through the public health system. In 1974,

¹³Helen Desfosses Cohn, "Population Policy in the USSR," Problems of Communism 22 (July-August 1973): Table 3, p. 47.

¹⁴David M. Heer, "Recent Developments in Soviet Population Policy," Studies in Family Planning 3 (November 1972):258.

. . . the 24th C.P.S.U. Congress outlined new measures to improve the living conditions of large families and families with limited incomes. These measures included: cash allowances for each child in families whose monthly income does not exceed 50 rubles per family member; increasing the number of paid days off to care for a sick child; and providing fully paid maternity leave to all working women regardless of length of service.¹⁵

While this decree may seem quite sweeping, the cash allowance for each child is only 12 rubles per child under 8 years of age. When one considers that the exchange rate in 1975 was approximately 1 ruble to \$1.33, this allowance is put in perspective.

In 1965, a center for demographic study was established to consider the regional and ethnic problems associated with the differential fertility rates found between urban and rural areas. Recently, research groups have been established at the USSR Academy of Sciences, at the USSR Central Statistical Administration's Research Institute, and at other research institutions to study social and economic aspects of the population problem.¹⁶

David Heer indicated that studies by Soviet demographers identifying poor, cramped housing, inadequate day nurseries, and unsatisfactory kindergarten facilities as reasons given by women for not having

¹⁵Galetskaya, "Demographic Situation," p. 3.

¹⁶Ibid., pp. 3-4.

children, have received little attention from the elites. While many promises have been made in these areas, progress has been generally limited.¹⁷

During the entire period of Soviet history, efforts have been made to encourage women to enter the productive labor force in spite of the known probable negative fertility consequences of such a policy. It would seem that economic expansion and provision of basic social services have been the driving force behind Soviet legislation rather than demographic factors.

As the discussion of the Soviet decrees has indicated, there is little evidence of a concerted legislative pronatalist or antinatalist policy in 1974. Rather, legislation with potential fertility consequences has been undertaken for social and economic reasons. For these reasons, the general legislation variable was coded neutral.

Executive Declarations

A review of The Current Digest of the Soviet Press indicates the lack of executive declarations concerning specific population policy programs by either Brezhnev or Kosygin. This lack, compared with previous dogmatic statements by Krushchev in 1955, seems to

¹⁷Heer, "Recent Developments," pp. 257-258.

indicate a softening of the traditional hard line Marxist position on fertility. This recent lack of high level declarations has occurred in a period of time in which minor Soviet officials and demographers have more vocally indicated that the world population problem may require controls other than the usual Soviet prescription for socio-economic change.¹⁸ Therefore, the executive declaration variable was coded zero.

Administrative Declarations

In 1972, Bernard Berelson began a project that resulted in an edited collection of solicited policy statements by population experts in various developed countries. In his essay on the USSR, Dmitri I. Valentei of the University Center on the Study of Population Problems, Moscow State University, indicated that:

First of all, it is necessary to make a thorough study of present conditions of the reproduction of population, the actual demographic situation. It is essential to ascertain the reasons determining a given rate of fertility, to study factors influencing it, to investigate relations between the socio-economic conditions of life and fertility rate.* It is likewise necessary to determine measures which would make it possible to influence the dynamics of population reproduction.¹⁹

¹⁸This softening of the Marxist position is discussed in great length in Robert C. Cook, "Soviet Population Theory from Marx to Kossygin: A Demographic Turning Point?," Population Bulletin 23 (October 1967):85-115.

¹⁹Dmitri I. Valentei, "Soviet Union," in Population Policy in Developed Countries, ed. Bernard Berelson (New York: McGraw-Hill, 1974), p. 769.

*The use of simulation models and the so-called economic-demographic accounts, apart from other methods of analysis, provide certain methodological possibilities.

This semi-official policy statement indicates the concern over population reproduction and the recent sophistication in demographic study in the USSR. This position was also echoed in 1975 by V. I. Perevedentsev of the USSR Academy of Science who categorically stated that:

. . . no serious economic arguments can be advanced in favor of a decline in birth rate. And if one considers the population of the Soviet Union, with all its distinctive features, the opinion that a decline in birth rate is advantageous becomes a pure absurdity.²⁰

Perevedentsev went on to indicate one of the primary reasons for growing Soviet concern over the trends in population propagation in the USSR:

The large increase in the labor force will endure throughout the entire decade of the 1970's, but in the 1980's, the situation will change sharply: the relatively small generation born in the 1960's will come of working age. When this occurs, there will be no increase in the country's labor force.²¹

Just as in the west, the impact of fertility rate on age distribution has only recently become recognized in the USSR. David Heer indicated that:

²⁰V. I. Perevedentsev, "It is Necessary to Stimulate the Growth of Population in our Country," Soviet Law and Government 14 (Summer 1975):42.

²¹Ibid., p. 43.

. . . two features of the resultant demographic situation appear to be of concern to the regime: the Soviet growth rate vis a vis the growth rates in other countries and the internal differences in fertility by ethnic groups--with Muslims in particular having higher rates than other groups.²²

Thus, it is only within the last five years that Soviet demographers have begun to point out that the family incentive programs have helped maintain the relatively high rural birth rate in Soviet Asia while doing little to stimulate the rapidly declining fertility rates in urban areas. Furthermore, Soviet demographers are just beginning age specific fertility analysis which will probably demonstrate that urban fertility rates are below replacement. Helen Desfosses Cohn summarizes the reasons for the Soviet situation:

And finally, the methodological confusion which has prevailed until recently in Soviet demographic analysis also accounts for a paucity of positive action. This confusion has stemmed not only from the ambivalence and ethnic concerns of officialdom, but also from the relatively undeveloped state of demographic study in the USSR. The Center for the Study of Population Problems of Moscow State University (MGU) did not begin training "demographers"--previously classified as economists--until the mid-1960's, and only in 1973 did it initiate publication of the country's first demographic journal, Sbornik narodonaselenie. The newly-trained Soviet demographers' problems have been compounded by the reluctance exhibited by many scholars until recently to give up the "socialist law of population" of Marx and Engels as the ordering construct of their analyses.²³

²²Heer, "Recent Developments," p. 257.

²³Cohn, "Population Policy," p. 42.

A final argument for pronatal action was expressed by Perevedentsev in 1975 that indicated the advances made by Soviet demographers in analytical techniques:

The slightly expanded reproduction of the country as a whole is accounted for today by Central Asia and Azerbaidzhan, where the net reproduction ratio is in excess of 2. However, in Azerbaidzhan, a rapid decline in the birthrate is occurring, and this is inevitable in the near future in Central Asia as well: these parts of the country are entering a demographic phase that began considerably earlier in the central regions of the country or, for example, in the Baltic republics.

Special measures are necessary to maintain reproduction of the population of the country as a whole at its present level.

Today we live in a period of what is termed structural increase in the number of births, due to the rise in the percentage of young women in the population. This bulge will continue until approximately 1980. Then, unless natality by age group increases, the number of children will decline again as women born in the 1960's and early 1970's number considerably fewer than those born in the 1950's. And on that declining side of the wave, it will be desirable to take measures to prevent a decline in births or at least hold it to a minimum.²⁴

These recent declarations by Soviet demographers can be considered administrative declarations given the official nature of Soviet press releases. Therefore, the administrative declarations variable was coded pronatalist.

²⁴V. I. Perevedentsev, "Demography: The Situation, the Problems, and Policy," Soviet Law and Government 14 (Spring 1976):48.

Hidden Agenda

McCoy indicated that future developments are initially articulated as hidden agenda items. This situation is evident in the Soviet case.

The future course of Soviet pronatalist incentives began to appear in Perevedentsev's article:

A few words about measures to influence the birth rate. From all that I have said, it is clear that it is necessary to influence the birth rate and that this should be in the direction of raising it Inasmuch as a three-child family is needed simply to maintain the population, the ideal situation from the demographic standpoint would be one in which the living standard of a family with three children would not be lower than where there are two children or only one At the very least, efforts must be directed toward holding the decline in a family's living standard upon the appearance of a new member to as small an amount as possible.²⁵

Two major policy changes are suggested in this paragraph. First, eligibility for payment of family allowances may be expected to shift from fourth and subsequent births to first, second, and third order births. Second, family allowance payments in support of first, second, and third order births only would tend to discourage high Asian rural fertility and encourage urban fertility, thus attenuating the differential ethnic growth rate which is spurred by the present payment of family allowance for fourth and subsequent births only. Additionally, these probable changes signal concern over

²⁵Perevedentsev, "Stimulate," pp. 46-47.

future manpower in the last part of the century and indicate a willingness to up the amount of GNP allocated for services. This point is also suggested in Galetskaya's article in Voprosy ekonomiki:

In the future, the birthrate in the [USSR and other Council for Mutual Economic Assistance] C.M.E.A. countries will be influenced by opposing factors. Demographers propose to combat the desire to limit a family size with an active demographic policy including drastic improvements in the activity of the services sphere, large-scale housing construction, wage supplements based on the number of children in a family, longer paid leaves in the postnatal period, etc.²⁶

Thus, it appears that there is genuine high level concern over the probable flattening out of manpower in the last part of the century and over differential ethnic propagation in the Asian republics. Another implicit concern is the high rate of urbanization and the tendency of all ethnic groups to experience fertility decrease in the urban setting. Since the hidden agenda indicates a pronatal direction for future policy, the variable was coded pronatalist.

Summary of Policy Statements

Population policy statements in the USSR have been based on Socialist goals--improvement of the standard of living and provision of social services--and economic industrialization goals until very recently.

²⁶Galetskaya, "Demographic Situation," p. 4.

They have been characterized by trade-offs between desired fertility and economic desires to enlist as many women as possible into the labor force. Fertility control has not generally been a specific focus of legislation or of attention by high party officials. Rather, scientific consideration of demographic variables was restricted by Marxist dogma until 1965. Up to that point, demography had received little attention, and analyses of the relationship between fertility, age distribution and potential work force available to the Soviet elite were limited. The literature indicates that rapid expansion of demographic research has recently stimulated Party interest in pronatalist fertility control and that high level promulgation of a specific pronatalist fertility policy may emerge in the near future. However, it should be recognized that this policy will have to foster fertility in an egalitarian industrial society which is characterized by many strong fertility inhibitors--social security, female literacy, high rate of urbanization, modern employment and economic equality of women, among others. Whether or not the proposal indicated can stem the urban fertility decline is an excellent topic for case study research.

Fertility Coordination and Supervision

The fertility coordination and supervision scores for the USSR are contained in Table 10. The absence of data and literature in this area seriously hampered adequate explication of the Soviet research effort in this field.

Population Agency

There is no indication that a population agency with comprehensive fertility planning and implementation authority has been established in the USSR. Responsibility for the provision of services that have fertility impact are scattered throughout several ministries and are provided independent of central coordination. For example, social security is provided through Republic Ministries of Social Security; maternity leave through the All-Union Central Council of Trade Unions; maternity care and contraceptive research through the Ministry of Health; and family allowances, assistance and birth grants through the Ministry of Finance.²⁷ Since the Party usually attempts centralization of functions, it appears that the concept of a fertility control agency

²⁷U.S., Department of Health, Education and Welfare, Social Security Administration, Social Security Programs Throughout the World, 1975, Research Report No. 48, DHEW Pubn. No. (SSA)76-11805 (1976), pp. 232-233.

TABLE 10
FERTILITY COORDINATION AND SUPERVISION SCORES
USSR

Coordination and Supervision Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
Population agency		0		
Research and training		0		
Demographic analysis			1	-1
Evaluation and feedback		0		
TOTAL				-1

or ministry has not yet gained sufficient importance to warrant implementation. Therefore, the population agency variable was coded zero.

Research and Training

The research and training variable follows the same pattern as the population agency variable. Research and training occur in each speciality, but there is no central focus of that effort toward fertility goals. There is some evidence that contraceptive research is being carried out by the Ministry of Health which would have an antinatal effect. However, demographers are busy attempting to identify factors affecting the fertility decision. Because there was no central discernible direction to the research efforts, the variable was coded neutral.

Demographic Analysis

As indicated, demographic analysis began to become recognized as an important function in 1965. Since that time, the Scientific Council on the Social and Economic Problems of Population of the USSR Academy of Sciences, the Center for the Study of Population Problems at Moscow State University, and analogous departments at the USSR Central Statistical Administration's Research Institute have been formed. The general

purpose of these demographic units has been to uncover the reasons for the fertility decline and present solutions.

L. E. Darskii of the Research Institute of the Central Statistical Administration of the USSR indicates the present state of demography in the USSR:

Regrettably, demographers are scattered among a variety of organizations and engaged, in most cases, in working on problems of applied science. They have no opportunity to work on fundamental problems, and lag in the solution of these problems is inhibiting the further development of the discipline. Demographers lack not only an institute of their own within the system of the academy, but there is not even a team working on demography as such in any one of its present institutes. The unsolved state of demographic problems hits us when we work on forecasts of population dynamics. We do not know what is going to happen 20 years from now when various forms of prevention of conception will be widely disseminated and firmly established in people's lives and will have become a natural norm in their consciousness and behavior. Now we can assume that a considerable proportion of children are the result of undesired pregnancies. The number of such pregnancies is enormous. When the need to control this phenomenon is recognized and has become part of life as much as the telephone today, people's behavior will be different and abortion will become a concept for historians.

This new type of reproductive behavior, taking place before our eyes, has as yet not been studied at all. Therefore, there are no grounds for the assumption that its mechanism is homeostatic and will sustain natality at any particular level. No basis exists either for pessimism or optimism. There are many questions to which no answers yet exist.²⁸

²⁸L. E. Darskii, "Motivations and Mechanisms of Demographic Behavior," Soviet Law and Government 14 (Summer 1975):55.

Darskii's sentiments were echoed later in 1975 by Perevedentsev:

To solve scientific problems of population reproduction, it is necessary to create special demographic research institutions of adequate size. If we had them, we would have firm knowledge rather than shaky hypotheses with respect to many important questions, population forecasts would show considerably less divergence from reality, and certain pretentious conclusions regarding demographic matters founded on "common sense" would be impossible. It is necessary to abandon notions that in problems having to do with the birth rate, everything is clear without science, as some people seem to think, despite all previous lessons.²⁹

This criticism of the lack of analytical capacity continues a trend toward breaking away from the traditional Marxist ideological position on population. In this respect, demographic analysis is becoming recognized as a scientific function rather than an extension of ideology. Because the demographers have generally called for an increase in the fertility rate, the demographic analysis variable was coded pronatalist.

Evaluation and Feedback

There is no indication that comprehensive evaluation of fertility related functions has not yet taken place, and the demographers have not yet begun full identification of the sociological and socio-economic factors that impact on the Soviet fertility rates.

²⁹Perevedentsev, "Stimulate," p. 47.

Therefore, the evaluation and feedback variable was coded zero.

Summary of Coordination and Supervision

Little evidence was uncovered to indicate that fertility policy action coordination has been considered in the USSR. The limited analytical capabilities which exist are strictly demographic, not comprehensive. There is some indication that the population question in the USSR may become a subject for scientific investigation in the future because of leadership recognition of the link between fertility rate and the age structure of the society which has economic impact. This possibility is indirectly indicated by the allowance of criticism of the current status of demographic science by members of the USSR Academy of Science. Another indicator is recent softening of the ideological line of Marxist reasoning in population matters concerning third world countries as expressed by noted Soviet demographer B. Urlanis.³⁰

Fertility Policy Actions

The fertility policy action scores for the USSR are contained in Table 11. Data for programs in the

³⁰Urlanis, "Demographic Policy," pp. 60-75.

TABLE 11

FERTILITY POLICY ACTION SCORES
USSR

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Birth Control Services</u>						
Family planning services	1			fertile population	40	+ .40
Abortion on demand	1			any woman desiring abortion	100	+1.00
Male sterilization		0				.00
Female sterilization		0				.00
Legal status of birth control services	1			fertile population	100	+1.00
<u>Communications</u>						
Organized population information efforts		0				.00
Sex education in schools		0				.00
Population education in schools		0				.00
Mass exhortation		0				.00

TABLE 11 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Incentives (direct)</u>						
Fertility payment			1	all women on 3rd and subsequent births	100	-1.00
Family allowance			1	all families with 4 or more children	100	-1.00
Paid maternity leave (indirect)			1	all working women	100	-1.00
Income tax structure		0		individual incomes greater than 37r/month		.00
Housing assignment		0				.00
Size of housing units	1			fertile population	60	+ .60
Child labor laws	1			all children	100	+1.00

TABLE 11 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Social Institutions</u>						
Modern employment men	1			57,990,328	75	+ .75
Modern employment women	1			59,037,247	73	+ .73
Social security (old age pension)	1			133,900,000	98	+ .98
Social security (survivorship)	1			133,900,000	98	+ .98
Female literacy	1			women 9-49	100	+1.00
Income redistribution	1			all citizens	100	+1.00
Economic equality (M/F)			1	N/A	(06)	- .06
<u>Direct Regulation (overt)</u>						
Forced fertility		0				.00
Mass social education (covert)		0				.00
Regulation of marriage (age)		0				.00
Conscription	1			2,500,000	52	+ .52
TOTAL						+6.90

USSR are very sparse. Many of the programs are also shrouded by ideological tenets which restrict their discussion. For example, references to contraception are very proscribed and the topic is ignored in the Soviet press; however, services are available. This hesitancy most likely springs from the Marxist pronatalist position on fertility and childbearing.

Because the data are sparse, and in many instances non-existent, estimates are primarily based on secondary sources. In certain instances, comparison with U.S. program data have been provided to verify the reasonable upper and lower program potentials. It is recognized that these findings are tentative and require further refinements.

Birth Control Services

Family planning services. Family planning contraceptive services are provided through the Ministry of Health. The exact nature of these services is not discernible from the available literature. There is mention of condoms and douches; however, reference to modern developments (the pill, the I.U.D. and sterilization) are not generally present.

For many years, abortion has been one of the primary means of birth control in Eastern European

nations and the USSR. The high rate of abortion (estimates range from 1-3 abortions per live birth)³¹ indicate that birth control technology in the USSR is low. This fact, coupled with recent references by some Soviet demographers for medical contraceptive research to stem the abortion rate, indicates that this area may soon receive attention. Using the Soviet birth, abortion and fertility data and comparing them with U.S. data, I estimate that family planning services have reached no more than 40 percent of the fertile Soviet population. Therefore, the variable was coded anti-natalist and assigned a score of 40 percent of target population reached. This estimate is very tentative; this area requires specific case study research because it is most important in determining the course of future fertility rates, as was indicated in the discussion of this variable in the United States.

Abortion on demand. Abortion on demand, as previously indicated, was legalized for the second time in 1955 in the USSR. As indicated, this is a primary means of birth control. Helen Desfosses Cohn indicates that:

Western analysts estimate that every year approximately 7,500,000 abortions are performed in

³¹Cohn, "Population Policy," p. 52; and Heer, "Recent Developments," pp. 257-258.

the Soviet Union One study of women at a Moscow clinic [completed in 1963] has indicated that in Moscow families with no children, 22% of undesired pregnancies end in abortion, while in families with two or more children, the abortion rate rises to 100%.³²

Mark G. Field indicated in his study of Soviet medicine that a woman who becomes pregnant reports to a special clinic where she decides to either proceed with prenatal care or request an abortion.³³

Since any woman who desires an abortion can obtain an abortion on demand, the variable was coded antinatalist and scored as 100 percent of target population reached. Unlike the case in the United States, this service in the Soviet Union was generally available for all women covered under the program.

Male and female sterilization. There was no indication that sterilization was used as a contraceptive measure in the USSR. Given the recent nature of this technique as a major means of contraception in the United States, it is not surprising that its use in the USSR is not mentioned in the literature. It is probable that this technique is only used in cases where

³²Cohn, "Population Policy," p. 52.

³³Mark G. Field, Soviet Socialized Medicine: An Introduction (New York: The Free Press, Macmillan Company, 1967), p. 147.

future conception is dangerous to the health of the mother. Therefore, these variables were coded neutral. Unfortunately, there are insufficient data to properly code the variable.

Legal status of birth control services. The USSR position on birth control, like that concerning other social services, is complex and inextricably tied to ideology. The official position was summarized by noted Soviet demographer B. Urlanis in 1975:

The demographic policy of a Socialist state rests upon the principle of adherence to "family sovereignty." This means granting citizens full freedom to settle the question of establishing a family; that is, freedom for parents to make the decision on the number of children they will have What is desirable is not interruption of pregnancy but its prevention if the woman does not wish to have a child. Therefore, the socialist countries have no laws prohibiting sale of contraceptives, and this makes it possible to reduce the number of abortions.³⁴

Therefore, this variable was coded antinatalist and assigned a score of 100 percent of target population reached.

Communications

There is little evidence that pronatalist or antinatalist population education, sex education, and fertility exhortation exist in the USSR to any degree.

³⁴Urlanis, "Demographic Policy." pp. 72-73.

Review of The Current Digest of the Soviet Press since 1965 disclosed many articles on the virtues of family life and parenthood and strong criticism of the high divorce rate; however, specific references to sex education, contraception and the economic consequences of the apparent continuing Soviet fertility decrease are conspicuous by their absence.

The information that does appear in the press usually concerns itself with discussion of the antinatal factors--housing size and availability, lack of services, day nurseries and kindergartens, and income. This discussion is followed by praise of the Soviet woman for participation in both production and motherhood and a reiteration of the family allowances, maternity leave and birth grants available to large families.

A senior demographer, most concerned with the fertility decline, recently lamented that there is a great need for demographic propaganda, but with the exception of scholarly journals, demographic questions were ignored by the Soviet press.³⁵

Sex education in the school system is another subject that is apparently a forbidden topic:

The task of explaining the facts of life to young people lies with physicians, educators,

³⁵Perevedentsev, "Demography," p. 51.

parents, and cultural institutions and organizations

There is no doubt that we need to broaden sex education propaganda and its real understanding among parents, educators, and the nation at large in order to achieve better results, and that without close cooperation between the departments of health and education, this will not be achieved. The "conspiracy of silence" and haphazard ways of teaching must give way to a meaningful approach to sex education and problems related to it.³⁶

The remainder of the article indicated that the Soviet concept of sex education is primarily concerned with adjustment to marriage and not with the mechanics of reproduction and contraception.

Atarov goes on to indicate that when conception is not desired,

. . . a consultation with a physician must definitely precede choice and implementation of prophylactics, since some of them may prove to be harmful and only he is qualified to advise in this matter.

Abortion, to which women often resort, effects the birth rate greatly and raises deep moral and ethical questions. As a rule, the decision rests solely with the woman, who has a right to make her choice.³⁷

Heavy reliance on abortion as a birth control method is another indicator that reproductive and contraceptive sex education is not provided in the Soviet school program.

³⁶T. S. Atarov, "Sex Education," in Soviet Educators on Soviet Education, ed. and trans. Helen B. Redl (New York: The Free Press of Glencoe, The Macmillan Company, 1964), p. 60.

³⁷*Ibid.*, p. 69.

The absence of this subject in the press and in the demographic journals indicates that either the Party is opposed to dissemination of this information or that cultural taboos, like those encountered in the United States, limit the implementation of this variable. Again, this is an area in which a case study might provide answers as information becomes available.

Since communications in the population and sex education areas appear most proscribed from review of the available sources, these variables were coded as zero. Mass exhortation is restricted to urging perseverance with the current housing and child services capacity and promising improvement in these areas. At the same time, additional women are strongly urged to enter the production force which can only further reduce fertility. Therefore, the organized population information and mass exhortation variables were also coded zero.

Incentives

The major thrust of national fertility policy in the USSR has been to attempt to stimulate falling fertility rates through incentive programs while continuing rapid economic industrialization and modernization. Thus, the incentive programs have attempted to counter the shift to low fertility rates associated with

demographic transition. Soviet demographer V. Perevedentsev stated that:

. . . the present five-year plan has seen the introduction of grants for children in low-income families. The number of paid days off to care for a sick child has been increased. Pregnancy and maternity leave has come to be paid for at full earning rates, regardless of seniority. All these measures have a significant demographic aspect. Their usefulness from the standpoint of population reproduction is indubitable.

A majority of Soviet demographers, however, hold that in the present situation, stronger measures are also needed.³⁸

Thus, the Soviet leadership must weigh the need for further provision of larger housing, day care centers and family allowances to stimulate fertility with desires for maximum productive use of women in industry and rapid capital investment in new production capacity.

Fertility payment. Current Soviet law provides a progressive lump sum birth grant on the birth of the third child and subsequent children.³⁹ The grant on the birth of the third child is 20 rubles and progresses to 250 rubles for the eleventh child. Since the grant is automatically paid and coverage universal, the variable was coded pronatalist and assigned a value of 100 percent of target population reached. It must be pointed

³⁸Perevedentsev, "Demography," p. 50.

³⁹U.S., DHEW, Social Security Programs Throughout the World, 1975, pp. 232-233.

out that this grant is only about one-third of a month's salary for the average worker and therefore is a very small incentive, especially in the urban areas where few women have more than two children.

Family allowance. There are two types of family allowances available in the USSR. First, residents with four or more children and unmarried mothers with one or more children, receive an allowance. A married couple receives "4 rubles a month for 4th child, rising progressively to 15 rubles for 11th and each additional child."⁴⁰ The rates are slightly higher for the unmarried mother.⁴¹ Second, low-income families--families with incomes less than 50 rubles per head--are eligible for an assistance payment of 12 rubles per month for each child under the age of 8.⁴²

However, when the annual family allowances are calculated as a percentage of the average annual wage of workers and employees, it becomes evident that they have steadily declined since 1944, even after taking into consideration the fact that in 1947 family allowances were reduced to half.⁴⁶ The Soviet family allowance as a percentage of the national income are quite low in comparison with other states with pronatalist policies.^{47 43}

⁴⁶See Table 3, p. 28.

⁴⁷In 1961, for instance, France spent 4.76 percent, Belgium 3.12 percent, Italy 2.57 percent, and

⁴⁰Ibid., p. 233. ⁴¹Ibid. ⁴²Ibid.

⁴³Dreijamnis, "Pro-natalist Policy," p. 23.

the Soviet Union .32 percent of their national income on family allowance. See David M. Heer and Judith Bayden, "Family Allowances and Population Policy in the U.S.S.R.," Journal of Marriage and the Family, Vol. 28, No. 4 (November 1966), p. 517.

Since payments are universal, the variable was coded pronatalist and scored as 100 percent of target population reached. Again, these allowances seem to have little impact on the urban population whose reproduction rate has continued to drop to below two children per couple.

Paid maternity leave. The USSR provides generous maternity leave. Employed women receive maternity leave beginning eight weeks before and terminating eight weeks after the expected due date at full pay.⁴⁴ Additionally, maternity care is free for all women, regardless of employment status, in special maternity centers.

When a woman realizes (or suspects) she is pregnant, she is told to report to a so-called woman's consultation (Zhenskaia Konsultatsiia), a kind of gynecological outpatient clinic.⁴⁵

For these reasons the maternity leave variable was coded pronatalist and scored as 100 percent of target population reached.

⁴⁴U.S., DHEW, Social Security Programs Throughout the World, 1975, pp. 232-233.

⁴⁵Field, Socialized Medicine, p. 147.

Income tax structure. The slightly graduated income tax discovered by the U.S. Social Security experts who visited the USSR in 1958 was evaluated as neither pronatalist or antinatalist. Rather, it is an income redistribution tax and was weighted under that variable. This judgment was based on the fact the tax as a percentage of income is relatively low and applies only to earnings in excess of 37 rubles per month. There is only one dependency exemption. "In all instances, the preceding income tax figures are reduced by 30 percent if the individual has four or more dependents."⁴⁶

Since this tax applies uniformly regardless of marriage status and because the reduction for dependents is not graduated, the income tax variable was scored as zero.

Housing assignment. No evidence was uncovered to indicate that family housing assignment is dependent on family size. One Soviet writer indicated that in most cases, especially in urban areas, apartment space

⁴⁶U.S., Department of Health, Education and Welfare, Social Security Administration, A Report on Social Security Programs in the Soviet Union (Washington, DC: Government Printing Office, 1960), p. 27.

restricted family size.⁴⁷ This fact also appears in other Soviet studies that indicate lack of adequate family space is one factor that causes women to bear less children than they desire. Generally, housing is assigned on the basis of availability and income. Earning power and "official status" seems to be the determining factors in housing procurement rather than family size. For these reasons, the housing assignment variable was coded as zero.

Size of housing units. Size of housing units has been empirically identified in the USSR as an anti-natal factor. In his article, "Recent Development in Soviet Population Policy," David Heer reported that a study conducted in the Udmurt Autonomous Republic by A. A. Petrakov revealed:

. . . the lack of adequate housing stood out as perhaps the chief factor in the unwillingness to have another child. Among blue-collar women 25 to 29 years old, 54.1 percent mentioned this reason and among white-collar women 18 to 24 years old, 88.3 percent.⁴⁸

The lack of single family apartments and the construction quality of new buildings are recurrent themes in

⁴⁷V. I. Perevendtsev, "The Family: Yesterday, Today and Tomorrow," The Current Digest of the Soviet Press 27 (3 September 1975):5.

⁴⁸Heer, "Recent Developments," p. 262.

the Soviet press. A recent article in Voprosy ekonomiki illustrates the point:

In recent years, demographic literature in the [USSR and other Council for Mutual Economic Assistance] C.M.E.A. countries has stated that one of the chief reasons for small families has been the shortage of apartments, especially for young couples, the imperfections in the system of distributing apartments, and the small size of most of the apartments that are being built.⁴⁹

The Soviet studies indicate that this situation is most prevalent in the urban areas and that rural women who generally have larger housing facilities cite this reason less often than urban women. None of the Soviet studies indicates the actual national percentage of the fertile population affected by this factor; however, Helen Desfosses Cohn cites statistics from a Soviet study that indicate in 1967, 89.4 percent of the urban families and 68.4 percent of the rural families had two or less children. While the size of housing is only one factor that contributes to family size in the USSR, it is apparent that it is an important factor. Given the trend toward urbanization cited by Kingsley Davis⁵⁰ and the prevalence of the complaint in the studies cited, it is estimated that this variable has

⁴⁹Galetsкая, "Demographic Situation," p. 2.

⁵⁰Kingsley Davis, World Urbanization 1950-1970, Volume I: Basic Data for Cities, Countries and Regions (Berkeley, CA: Institute of International Studies, University of California, 1969).

some effect on fertility decisions by at least 60 percent of the married fertile population. For these reasons, the size of housing variable was coded anti-natalist and scored at an estimated 60 percent of target population reached.

Assignment to schools. There is no evidence that assignment to schools is based on family size in the USSR. Education is purportedly universal and based on demonstrated ability and there appears to be heavy emphasis on egalitarianism in the educational system; therefore, the variable was coded zero.

Child labor laws. Child labor laws in the USSR are inextricably tied to the Communist concepts of labor and education. This variable is designed to measure the extent to which children are free from forced labor in order to attain educational literacy. While children help in all phases of labor in the USSR, their participation is tied to the learning process and is not achieved at the expense of the educational process itself. The importance and emphasis on education in the USSR is expressed in Soviet writing:

The Marxist principles of creating a new Communist society were established in the beginning of the worker's movement and the proletarian fight for liberation. The basic postulate is to educate the children free in government institutions as soon as

they are no longer in need of continuous maternal care. From the very beginning of the Soviet government, V. I. Lenin paid special attention to this problem.⁵¹

The emphasis on education in Soviet society and the reported literacy rates indicate that child care regulations assure a relatively high level of education for all children. For these reasons, the child labor laws variable was coded antinatalist and assigned a value of 100 percent of target population reached.

Social Institutions

The social institutions category contains some of the more powerful antinatal policy action variables--modern employment, social security, female literacy, income redistribution and economic equality. Pursuit of these goals in their antinatalist forms is ideologically desirable in the USSR from the point of attaining the socialist dream of providing extensive social services for the population. These goals come into sharp conflict with the desire for an expanding labor force in that their attainment acts as a fertility damper. However, as the variable discussion demonstrates, the leadership has weighed future labor shortages against

⁵¹E. I. Afanassenko and I. A. Kairov, "School Internats After Five Years," in Soviet Educators on Soviet Education, ed. and trans. Helen B. Redl (New York: The Free Press of Glencoe, The Macmillan Company, 1964), p. 198.

production now and continued rapid implementation of the modernization of production and society.

Modern employment of men and women. The International Labour Office Yearbook for 1974 indicated that the last complete labor force figures released by the USSR were for the 1970 census. Therefore, the modern employment variables will be based on 1970 data. Continued industrialization would probably have resulted in an even greater population shift into modern employment and away from agriculture in the USSR. As a result, the percentages of target population reached based on 1970 data will probably be slightly lower than actual 1974 data would have produced.

Based on the 1970 data, there were 57,990,328 men in the labor force in the USSR. Of that number, 43,338,126 were nonagrarian workers.⁵² Based on these statistics, the male employment variable was coded antinatalist and assigned a value of 75 percent of target population reached. This figure means that 75 percent of the total male labor force has shifted to modern employment.

Data from the same source indicate that there

⁵²International Labour Office, Yearbook of Labour Statistics, 1974 (Geneva: International Labour Office, 1974), Table 2A, pp. 138-139.

were 59,037,247 women in the labor force in 1970, and that 42,928,357 were nonagrarian workers.⁵³ Based on these statistics, the female employment variable was coded antinatalist and assigned a value of 73 percent of target population reached.

Social security. In the USSR, there are uniform social security laws for the entire nation which are administered by the Republic Ministries of Social Security. Under Soviet law, covered individuals are entitled to old age, invalidity and survivorship pensions.⁵⁴ Therefore, the same target population and target population reached will be used for both social security variables. As previously indicated in Chapter II, the target populations for these variables are the working force population.

A study conducted by the United States indicates that there were 133.9 million individuals in the labor forces in the USSR in 1974.⁵⁵ This figure includes the armed forces. Of this total, 98.7 million were

⁵³Ibid.

⁵⁴U.S., DHEW, Social Security Programs Throughout the World, 1975, pp. 232-233.

⁵⁵U.S., Central Intelligence Agency, The Soviet Economy: Performance in 1975 and Prospects for 1976, Research Aid Series Pubn. No. (ER)76-10296 (May 1976), p. 29.

nonagricultural workers who were probably covered under the 1956 social security law. The 1956 law radically overhauled the system and generally provided a high level of benefits for all nonagrarian workers. This legislation also covered state farm workers but did not provide benefits for collective farm workers (peasants).

In 1964 a special social insurance system for collective farm workers was established and by 1971 all differences from the general system had been eliminated.⁵⁶ These changes were possibly prompted by the high ideological value placed on provision of general social services and specifically social security discovered by the U.S. team of Social Security experts that visited the USSR in 1958.⁵⁷ In their conclusions, they stated:

. . . in a totalitarian state such as the USSR, it was not a certainty that we could obtain full and unbiased information about the availability of benefits. It seemed to us, however, that on the whole, persons who possessed the necessary eligibility requirements could obtain benefits on their own initiative, without any legal or economic hindrances.⁵⁸

The only discernible group not fully covered today are workers in producers' cooperatives. These

⁵⁶U.S., DHEW, Social Security Programs Throughout the World, 1975, p. 232.

⁵⁷U.S., DHEW, Programs in Soviet Union, p. 3-5.

⁵⁸Ibid., p. 4.

workers are predominantly physically handicapped and comprise about 2 percent of the work force.⁵⁹ While they are not covered for pension or survivorship purposes, they do receive a disability allowance. Presently, with the exception of these handicapped workers, it appears that old age pension and survivorship coverage has been extended to cover the entire work force. Therefore, the social security variables were coded antinatalist and assigned a value of 98 percent target population reached.

Female literacy. The most recent national literacy study conducted in the USSR was conducted in 1969. General literacy has long been a high priority program because it has been viewed by the Party as a necessary tool in the achievement of a socialist society. In 1969, there were an estimated 269,000 illiterate women aged 9 to 49 in the USSR and the illiteracy rate was .3 percent.⁶⁰ Therefore, the total female population of literate age (ages 9-49 by Soviet definition) was estimated at 89,666,667 women. These statistics yield a female literacy score of 99.7 percent or 100 percent when rounded to the nearest whole number.

⁵⁹Ibid., p. 5.

⁶⁰UNESCO, Statistical Yearbook: 1973 (Paris: Unesco Press, 1974), Table 1.4, p. 75.

Income redistribution. Income redistribution is one of the basic goals of socialist societies and is generally thought of as meaning that major capital items--industry, land--are owned by the state for the benefit of the population. Further, the productive yield of the society is used to provide for the general well-being of the populace.

This scheme is partially followed in the USSR. The major means of income redistribution are the following: (1) provision of jobs for all who desire to work--albeit many jobs are not desirable, (2) free medical care for all citizens, (3) extensive, high social security retirement benefits for workers, (4) state provision of low-priced housing, however crowded, (5) provision of sickness and maternity benefits, and (6) provision of family assistance.⁶¹

Employed individuals are paid a wage scale salary in the USSR which tends to possess rather large differentials based on the type of employment. The group of U.S. experts who visited the USSR in 1958 found the salary range to vary from 300 rubles to 5000 rubles per month.⁶² In addition, they found a graduated

⁶¹U.S., DHEW, Social Security Programs Throughout the World, 1975, pp. 232-233.

⁶²U.S., DHEW, Programs in Soviet Union, p. 24.

income tax which was used to finance social programs. This tax began with earnings above 370 rubles and increased progressively to 1000 rubles after which a flat 13 percent tax assessment was applicable on all income over 1000 rubles.⁶³

Certain profit sharing production incentives are available through the cooperative and union systems which provide year end dividends for production beyond the programmed quotas. This bonus is in both cash and paid vacations at health resorts and appears to be one method of introducing capitalist production incentives into a socialist system.

Despite these capitalist production incentives for workers and special dispensations for high Party officials, the base line provision of needed social service is generally egalitarian in the USSR. Since these services tend to raise the average income of the masses, which has a probable antinatal impact, the variable was coded antinatal. Since the provision of these social services is universal, the variable was assigned a 100 percent target population reached.

⁶³Ibid., p. 27. The ruble was devalued by a factor of 10 in 1960. By today's values, the salary range would be 30-500 rubles. At the time of the 1958 study, the exchange rate was 10 rubles to \$1.00. The 1975 rate was 1 ruble to \$1.33.

Economic equality (M/F). The economic equality variable value was developed through use of the procedure detailed in Chapter II. The latest employment and full population figures released by the USSR are from the 1970 census. The International Labour Office statistics indicate that in 1970 there were 43,338,126 men employed in nonagrarian work in the USSR. The total male population was 111,399,377 individuals. Thus, 39 percent of the total male population was engaged in nonagrarian employment. At the same time, there were 42,928,357 female nonagrarian workers and a total female population of 130,320,757. Therefore, 33 percent of the total female population was engaged in nonagrarian work. Since there is a higher percentage of male workers, the variable was coded pronatalist. The difference between the percentages produces a 6 percent pronatalist bias.

Direct Regulation

Forced fertility and mass social education. The USSR has not attempted to directly effect fertility through forced fertility or mass social education. The literature indicates that very little population or demographic information is provided for the masses. The lack of such information and exhortation has been lamented by Russian demographers who see the Soviet

natality decline as unfavorable. Noted demographer V. Perevedentsev concluded an article stating that

. . . there is need for vigorous demographic propaganda. But except in Literaturnaia gazeta and rare articles in other publications, demographic questions have been left untouched by our press.⁶⁴

The national government has recently reduced the conscription age and length of service which will tend to lessen the antinatal impact of this variable. However, in his analysis of the Soviet military, Goldhamer indicated that these changes were economically motivated by the need for manpower in the civilian economy, not by fertility policy decisions.⁶⁵

With the possible exception of military conscription, the USSR does not appear to be attempting to directly control national fertility. Rather, it would seem that desired fertility goals have low priority in relation to other national social institutions and economic goals. Similarly, there is no mass social education exhorting or criticizing fertility. Accordingly, both variables were coded zero.

Age at marriage. The marriage age is not controlled at the national level in the USSR. It varies

⁶⁴Perevedentsev, "Demography," p. 51.

⁶⁵Herbert Goldhamer, The Soviet Soldier: Soviet Military Management at the Troop Level (New York: Crane, Russak & Company, 1975), p. 5.

in the different republics and generally is 18 years of age or below. A recent study by Peter Mazur correlated age at marriage and education with fertility and suggested that low marriage age in the rural areas of the USSR, and especially among Chechen (Moslem) women, produced very high birth rates.⁶⁶ In contrast, higher age at marriage in industrial areas was associated with low fertility. Since marriage age is not controlled at the national level, the variable was scored as zero.

Conscription. The USSR Law of Universal Military Service, 1967, reduced the age of call-up for active duty from 19 to 18.⁶⁷ It also reduced the length of active duty generally to two years and in some cases where the individual had prior advanced education, to one year. While the law states that all men have an obligation to serve in the ranks of the USSR, Herbert Goldhamer estimates that approximately 1.3 million men of draft age are inducted each year. Based on the 1970 census data, Goldhamer estimated that the age specific cohort eligible to be inducted in 1974 held 2.5 million males of draft age.⁶⁸ Based on these figures, the

⁶⁶Peter Mazur, "Relation of Marriage and Education to Fertility in the U.S.S.R." Population Studies 27 (March 1973):113-115.

⁶⁷Perevedentsev, "Demography," p.48.

⁶⁸Goldhamer, Soviet Soldier, pp. 4-8.

conscription variable was coded antinatalist and assigned a value of 52 percent of target population reached.

Summary of Soviet Population Policy

This chapter has argued that fertility policy in the USSR has been based on social and economic factors and that the influence of policy actions undertaken on the fertility rates has been primarily incidental. The discussion of policy statements and coordination and supervision variables was directed toward disclosing the relative lack of high level policy decisions in the fertility policy field.

The intent of the discussion of policy actions was to demonstrate the lack of coordination between expressed ideological desires and actual performance. Helen Desfosses Cohn discussed the problems of women, divorce, income and economic fertility incentives in her article. She concluded that an official ambivalence to costly housing, daycare centers and income provisions existed at the high leadership levels in 1973:

Given the fact that population dynamics in the USSR are intricately related to the very fact and nature of Soviet economic development, it seems likely that constant reminders that the full flower-of Marxist-Leninist society will resolve all

problems of ethnic relations, attitudes toward women, and the modernization-urbanization process provide Soviet demographers their only basis for optimism.⁶⁹

I have suggested that powerful antinatal fertility policy actions have been initiated in the course of the modernization of the Soviet society and economy and that in comparison, lip service to pronatal policies has done little to stem the decrease in urban fertility rates. Most probably, this decrease resulted from the same factors as those operating in the United States prior to the Nixon policy statement in 1970. David Heer indicated that:

. . . it may be noted that the decline in the rate of natural increase in the Soviet Union during the 1960's was almost exactly paralleled by the decline in the United States. Thus, whereas in 1961 the rate of natural increase in the USSR was 16.2 and that in the United States was 14.2, in 1970 the rate in the USSR was 9.2 and that in the U.S.A., 8.8.⁷⁰

Continued urbanization and the spread of modern contraceptive techniques will probably tend to continue the low fertility trend in urban areas in the USSR.

Thus, application of the framework disclosed the dichotomy between ideological goals and actual practice and the contradictions between desired socialist services and fertility stimulation. Therefore, as has been

⁶⁹Cohn, "Population Policy," p. 55.

⁷⁰Heer, "Recent Developments," p. 259.

discussed, the intentional variables indicated a slightly pronatalist policy while the policy action scores indicate antinatal implementation. The fertility policy index score for the USSR is +3.90 which indicates a slightly antinatal policy direction.

Furthermore, it was suggested that concern over the flattening out of future labor force entrants, differential ethnic fertility rates, and an increase in the elderly groupings noted by recent demographic research, may have generated alarm in high Soviet leadership levels. These questions provide excellent topical material for extended future research.

CHAPTER V

FERTILITY CONTROL POLICY IN INDIA

Fertility control has been recognized as an important policy issue in India almost since the state gained independence from British rule in 1947. Initial fertility control efforts, however, were limited in scope and methodology. In 1950, the Indian Government asked the United Nations for World Health Organization (WHO) assistance.

As certain Catholic member nations of WHO objected to the world body offering scientific contraceptive advice even to non-Catholic countries, and as India's then Health Minister was "Gandhian" on the birth control question (Mahatma Gandhi opposed contraception and favoured moral constraint for India), WHO's response was to send the late Dr. Abraham Stone, America's planned parenthood expert to India to set up a series of pilot projects to try out the rhythm or safe period method of family planning.¹

These projects and others attempting the introduction of foams and jellies, along with demographic research, constituted the totality of the Indian program until the mid-1960's.

The change in attitude toward the absolute necessity of lowering the fertility rate in the

¹Scrpati Chandrasekhar, India's Population: Facts, Problem and Policy (Meerut, India: Meenakshi Prakashan, 1967), p. 37-38.

1960's resulted from the findings of the 1961 census. The census results brought home the magnitude of the population explosion attributed to the improved general health of the citizens. This health improvement was brought about by the introduction of inoculation and epidemic disease control. By U.S. standards, the health of the general Indian populace is very poor; however, compared with the previous situation, it was vastly improved during the 1950's as indicated by the results of the 1961 census.

By 1965 efforts had been instituted to increase the tempo of the family planning campaign. In 1970 vasectomy camps offering cash incentives had been established. This attempt was not only economically costly but proved ineffective due to poor administration and medical follow-up procedures. In 1973 the vasectomy camps were discontinued and the voluntary family planning approach to fertility control was reassessed. Recent articles in the press indicate that Mrs. Indira Gandhi, the Prime Minister of India, has sanctioned the use of mandatory sterilization to curb the continuing growth of the Indian population.

The discussion of the variable sets indicates the changes in policy and implementation that have occurred since the mid-1960's. However, understanding

of these policy changes requires explication of several social and cultural values held by the majority of the Indian population.

Approximately 80 percent of the population of India lives in the rural setting typified by the extended family culture in which children are seen as an indication of wealth and well-being. These people value children because they represent additional workers and old age security for the parents. Also, a majority of the village men and women are illiterate. The caste system, while severely attacked at the government level, still exists in the rural areas and hinders the exchange of ideas.

The primary religion in India is the Hindu faith and Hindu believers compose about 84 percent of the population. The remaining groups are comprised of Muslims (10 percent), Christians, Sikhs, Buddhists, Jains and other denominations.² While Chandrasekhar³ states that the Hindus are not opposed to birth control, certain Hindu customs exacerbate the problem of implementing fertility control. First, "the prevalence of child marriages among the Hindus is perhaps due to the

²India, Ministry of Information and Broadcasting, India: A Reference Annual, 1976 (New Delhi: Publications Division, 1976), Table 1.10, p. 10.

³Chandrasekhar, India's Population, p. 36.

fact that ancient Hindu scriptures sanction them, suggesting that a girl should be married before she attains puberty" ⁴ While cohabitation does not take until about 15 years of age when the second marriage ceremony or guana is performed, ⁵ the early marriages tend to limit female educational attainment and enhance early fertility. Another aspect of the marriage tradition is that when the daughter leaves her parents through marriage, she severs all familial responsibility for her parents and transfers that responsibility to her husband's family. Thus a couple with only daughters does not have anyone to care for them in old age. Responsibility for the parents in old age is that of the sons only. Mrs. Gandhi has recently issued official edicts attempting to change this "social law"; however, it is one of the factors which cause high value to be placed on the production of at least two sons in the Indian family. Additionally, traditional Hindu religious customs dictate that the eldest son preside at the funeral rites for his father. These cultural pressures then tend to place high value on male heirs in Indian society, especially in the rural setting.

⁴S. N. Agarwala, Some Problems of India's Population (Bombay: Vora & Co., Publishers, 1966), p. 50.

⁵Ibid.

The general poor health of the population contributes to high fertility in that many couples desire several insurance births. These insurance births result from the high infant mortality rates (estimated at 146 per thousand live births in 1958)⁶ and the fact that, according to a reliable pediatrician recently arrived from India, up to 50 percent of Indian children die of disease or dysentery before the age of five.⁷ Thus starvation, disease and dysentery not only produce high infant mortality rates, they also partially incapacitate a large segment of the poorer working population.

As indicated, much of the rural population lives in villages which are isolated from contact with the more advanced segments of the population. The lack of roads, power, modern farm machinery and general contact with urban facilities and ideas isolates many village groups. The predominant concern in the rural areas is with agriculture and subsistence. This isolation is enhanced by the bewildering number of languages and dialects spoken in the various Indian states.⁸

⁶India, Ministry of Information and Broadcasting, India: A Reference Annual, 1973 (New Delhi: Publications Division, 1973), p. 8.

⁷This woman desires to remain anonymous for political reasons. She arrived in the U.S. in September 1976.

⁸India, Reference Annual, 1976, pp. 113-141.

This, then, is the environment in which the Union Government--Indians refer to their national government as the Union Government--fertility control policy must function. Given the voluntary nature of the initial programs, one begins to appreciate the magnitude of the problem facing the Indian Government in directing change. These problems are further clarified in the discussion of the Indian fertility policy statements.

Fertility Policy Statements

India's fertility policy statement scores are contained in Table 12. As in the case of the United States and unlike the USSR, India has a strongly held, clear policy position on the fertility question.

General Legislation

India has had a general commitment to family planning since 1952. The idea that population growth should be curbed was initially expressed in:

. . . the First Five Year Plan which pointed out that "the objective of stabilizing the growth of population over a reasonable period must be at the very centre of planned development. . . in the circumstances of the country family planning has to be undertaken not merely as a major development programme, but as a nationwide movement which embodies a basic attitude towards a better life for the individual, the family and the community . . . (therefore) the reduction in the rate of growth of the population must be regarded as a major desideratum."19⁹

⁹Chandrasekhar, India's Population, pp. 36-37.

TABLE 12
FERTILITY POLICY STATEMENT SCORES
INDIA

Policy Statement Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
General legislation	1			+1
Executive declarations	1			+1
Administrative declarations	1			+1
Hidden agenda	1			+1
TOTAL				+4

¹⁹The First Five Year Plan (New Delhi, The Plan-Commission, 1953), p. 23.

The thrust of the family planning program under the first and second Five Year Plan

. . . was mainly on research in the field of motivation, communication, demography, physiology of reproduction and on the extension of central and state organizations in providing clinical services.¹⁰

In 1956 the Central Family Planning Board was constituted along with other planning machinery including the Cabinet Committee on Family Planning. While these organizations existed, they remained very low key until the results of the 1961 census shocked the government into consideration of more drastic measures in 1965.

Two events in this period were important. First, S. Chandrasekhar was appointed Family Planning Minister. Chandrasekhar had been one of the driving forces behind the push for contraception, reduction in infant mortality and government leadership in population matters. Second, in 1966, the Department of Family Planning was established in the Ministry of Health, Family Planning and Urban Development. Functions were integrated at the Union level and emphasis put on implementation.

During the three annual plans (1966-69), the family planning programme, which was described as the "kingpin" of the Plan, was made time bound and target oriented with vastly increased funds. In the

¹⁰India, Reference Annual, 1976, p. 91.

Fourth Plan, the programme was accorded the "highest priority" The approach during the Fifth Plan will be to increasingly integrate family planning services with those for health maternal and child care and nutrition.¹¹

The general legislative authorizations for the broad programme have occurred under the Five Year Plans.

Implementation schemes generally are approved through the Central Family Planning Council and the Family Planning Cabinet Committee. Presently, these schemes include the following: free sterilization for male volunteers at clinics and centers, free female sterilization in hospitals, distribution of condoms through the Free Supply Scheme, Depot Holder Scheme and Commercial Distribution Scheme, free IUD insertions, and an oral contraceptive program for urban areas begun in 1967.

In 1969 a post-partum program was begun in selected hospitals to push sterilization and contraception while the birth experience was still fresh in the mother's mind. This program has also been extended as rapidly as possible.¹²

India like most other free world nations had a very restrictive abortion law. The rapidity of policy change was reflected in the liberalization of the abortion law in 1972 in a nation that has traditionally put high value on the birth of children. While the new

¹¹Ibid., pp. 91-92. ¹²Ibid., pp. 92-93.

Indian legislation is not nearly as liberal as the U.S. Supreme Court decisions of 1973, it represents a radical departure from established values.

It extends to the whole of India, except Jammu and Kashmir, and provides for the termination of certain pregnancies by registered medical practitioners in well-equipped institutions.¹³

In actual fact, the provisions are similar to the California abortion statute prior to the U.S. Supreme Court rulings on abortion of 1973.

The legislative family planning acts have generally provided free voluntary family planning services and education. In some instances, the program provided cash incentives for short periods as in the case of the vasectomy camps. Mass sterilization camps offering large incentives were organized in 1970. While these camps did significantly increase the number of sterilized men in India, they were discontinued in 1973 due to economic reasons and rumors of medical and administrative abuses. Because the general legislation has been antinatal and increased in scope and intensity, the general legislation variable was coded antinatal.

Executive Declarations

Executive level declarations have been very scarce concerning the family planning issue. This is

¹³Ibid., p. 93.

due in part to the sensitive political nature of the problem which has led Mrs. Gandhi, an astute politician, to rely on her Health Minister to articulate the official position on this controversial subject. The first high level policy statements by Mrs. Gandhi that directly addressed this issue were articulated on 6 December 1974 at the opening of a national conference on population:

Taking note of family planning, Mrs. Gandhi said that "we are aware that our performance has not been very impressive." She added:

"Comparative figures for various states show that the family planning campaign has made good progress where literary and the educational level is high, where roads and communications are well-developed and where rural health services are working well."

"Family planning is an intensely personal matter," the Prime Minister said. "More imaginative methods have to be devised to carry conviction to the couples and to remove their doubts."

She added: "Prudery should be avoided and the media should be used. Attention must be given to effective means of persuasion."¹⁴

This high level statement not only was powerfully antinatal but was a portent of future policy direction. Seven months later, Mrs. Gandhi declared the widely publicized national emergency which has been attributed to economic problems associated with rapid population growth and economic stagmation.

¹⁴Bernard Weinraub, "Mrs. Gandhi Concedes India is Lagging in Population Control," New York Times 7 December 1974, p. 10.

Mrs. Gandhi's December 1974 speech argues the essential point that the program had only had success in the more literate and developed areas. Recently,

Mrs. Gandhi, who at one stage called compulsory sterilization plans too drastic, said in a later speech that decisive action was needed to cut the birth rate. "Some personal rights have to be kept in abeyance, for the human right of the nation: the right to live, the right to progress," she added.¹⁵

This statement indicates that Mrs. Gandhi has probably decided to push for legislation to make mandatory sterilization requirements national law.

While there are few high level executive policy declarations, those that have been articulated leave little doubt of the future course of Indian fertility policy; therefore, the executive declarations variable was coded antinatalist.

Administrative Declarations

The earliest antinatal semiofficial declarations are found in the numerous books published by S. N. Agarwala, D. Gopal Rao, and S. Chandrasekhar. All three of these men have held high posts in the Indian Government at various times. All three have preached the economic necessity for population control.

¹⁵"China, India Share a Nightmare," India Abroad, 19 November 1976, p. 2.

In 1966, S. N. Agarwala indicated that

. . . family planning work has to be treated as a national emergency programme and unless the co-operation of all sections of the people is speedily forthcoming, much success cannot be achieved. There is no reason why various political organizations cannot meet on a common platform and make it an all-party programme.¹⁶

Mr. Chandrasekhar held the post of Minister of Family Planning in the late 1960's and was an extremely outspoken proponent of every type of family planning.

Responding to funding cutbacks in the family planning program in 1973 caused by draught and the resultant economic stress experienced by the Indian Government, R. K. Khadilkar, the Health and Family Planning Minister stated:

We want to create an integrated approach with health, nutrition, maternity and child care combined with family-planning efforts. It is a social and economic imperative that we reduce our birth rate.¹⁷

Almost exactly one year later, Khadilkar's successor as Health and Family Planning Minister, Dr. Karan Singh stated:

The syndrome that India is no longer interested in family planning is totally false Our

¹⁶Agarwala, India's Population, p. 151.

¹⁷Bernard Weinraub, "Indian is Restoring Birth-Curb Funds," New York Times, 11 November 1973, p. 6.

foreign critics also say that there is not a political commitment. That is also totally false.¹⁸

The increasingly sharp tone of these statements indicates the growing emphasis on control of fertility and the apparent realization that persuasive methods were failing to produce the desired reduction, especially in the rural areas. Given the nature of these characteristic administrative declarations, this variable was coded antinatalist.

Hidden Agenda

The hidden agenda at the Union level in India has signaled the future trends in Indian policy. Changes in tactics have been indicated in the speeches of the Health Ministers and by Mrs. Gandhi herself.

Shortly after abandonment of the vasectomy camp approach in 1973, R. K. Khadilkar indicated that an integrated approach would be tried. He also stated that reduction of the birth rate was "imperative." In July of the following year, Michael Hornsby, Delhi correspondent for the London Times indicated:

. . . the real reason for their curtailment, [vasectomy camps] however, seems to be economic. It is now admitted that the cash incentives offered great scope for fraud and coercion, bringing many

¹⁸ Bernard Weinraub, "India Overhauls Birth-Curb Plans: Adopting Integrated Health Services--Government Effort Criticized," New York Times, 24 November 1974, p. 8.

people into the clinics who were not relevant to a birth control programme, like men with wives aged over 45.¹⁹

Thus, the hidden agenda indicated that this approach was not only costly, but had failed to reach the primary target population. The agenda seemed to indicate that the Indian leadership was aware that persuasive means were not only expensive, but were also unable to overcome the cultural factors--high infant mortality, value of male children for old age security, and low female literacy--which have helped keep the fertility rate high, especially in the rural areas of the nation.

The pointed statement of Dr. Singh in November of 1974 indicated that the population problem may have been one of the exacerbating factors in Mrs. Gandhi's decision to declare a state of national emergency in mid-1975. Through that action, Mrs. Gandhi was able to begin economic, social and mass communication campaigns against the social factors influencing the high fertility rate in the nation. These actions seem to have been aimed at establishing a political climate conducive to the drastic steps taken in Maharashtra state in 1976.

¹⁹Michael Hornsby, "\$40m UN Grant to Help Family Planning in India," Times (London), 19 July 1974, p. 6.

On 20 September 1976, the Los Angeles Times carried a story quoting Dr. D. N. Pai. The thrust of his argument was that India needed laws against people pollution. "Pai is the family planning director in Bombay . . . where the government has ordered compulsory sterilization--the first in the world to do so."²⁰ Referring to Mrs. Gandhi--who has publically voiced doubts about compulsory sterilization while providing the political climate for its implementation--Pai said, "Our lady is not unwise, She wants one state to make an experiment. Maharashtra will be a pilot project."²¹

This radical change in approach to the population problem was indicated by Singh's statement in 1974 which emphatically declared that the government had a most strong commitment to family planning.

At that time incentives were reduced and family planning and health services were integrated. An important fact that went virtually unnoticed in the integration process was that all modern medical practitioners and indigenous medical practitioners were

²⁰ Sharon Rosenhause, "India Taking Drastic Birth Control Step," Los Angeles Times, 20 September 1974, p. 1.

²¹ Ibid.

required to undergo a one-month training course in sterilization techniques. At the same time, plans were laid to rapidly increase the number of trained family planning medical personnel.

These changes, in light of Singh's 1974 statement concerning the leadership's continuing political commitment to fertility control, provide strong indirect evidence that Mrs. Gandhi had made a decision to implement direct control methods as early as the fall of 1973 as a result of the failure of the vasectomy camps and voluntary family planning to significantly reduce the rate of population growth. Further evidence of a broad course of action is indicated by the proposed changes in the marriage age and sex education program discussed in the policy actions section.

Direct support for this position was provided by an Indian pediatrician recently emigrated from India.²² She indicated, in a candid interview, that compulsory sterilization is now mandatory in all Indian states for any couple with two children, one of which is a boy, if the wife is younger than 45 years of age. If the couple has two children, both girls, they may have one more child before being sterilized. Furthermore, she

²²This woman desires to remain anonymous for political reasons. She arrived in the U.S. in September 1976.

indicated that the police are being used to round up entire villages to ensure compliance. Government workers, who have their quota of children, must present their sterilization slips to get their pay checks. While her claims are not yet backed up by other sources, they seem well founded given Dr. Pai's statement. Therefore, the hidden agenda variable was coded anti-natalist.

Summary of Policy Statements

The discussion of the policy statement variables has attempted to demonstrate that the Union Government has moved from a tacit commitment to fertility control toward compulsory control. This policy evolution has progressed through three stages; passive commitment, action incentive programs, and finally, direct control. Indirect evidence has been presented that indicates provision of voluntary family planning services without major socioeconomic changes was unable to rapidly alter fertility patterns, especially in the rural areas of India in which approximately 80 percent of the population resides.

Fertility Coordination and Supervision

The fertility coordination and supervision scores for India are contained in Table 13. As has been

TABLE 13
FERTILITY COORDINATION AND SUPERVISION SCORES
INDIA

Coordination and Supervision Variables	Antinatalist (+1)	Neutral (0)	Pronatalist (-1)	Score
Population agency	1			+1
Research and training	1			+1
Demographic analysis	1			+1
Evaluation and feedback	1			+1
TOTAL				+4

indicated, India has a high level of commitment to fertility control as a prerequisite to attaining an increasing standard of living. This commitment is found in the development of extensive coordination and supervision machinery at the Union and State levels.

Population Agency

In April of 1966, the Department of Family Planning was established within the Ministry of Health, Family Planning and Urban Development. The Minister of Health is also the department head of the Family Planning Department. He possesses additional responsibilities as head of the Central Family Planning Council, the supreme policy-making body, composed of all State Health Ministers and Secretaries.²³ This centralization of administrative authority was undertaken to provide program direction, control and extension of actual services to the populace. Implementation and administrative coordination with the different states is achieved through a Family Planning Cabinet Committee headed by the National Finance Minister and including the Chief Ministers of the individual state Family Planning Cabinet Committees.

²³Sham Lal, ed., The Times of India: Directory & Yearbook Including Who's Who, 1976 (Bombay: The Times of India Press, 1976), pp. 100-101.

Within the Union Department of Family Planning, there are two functional wings to ensure implementation and research and development.²⁴ Like the United States, the Government of India provides research grants to private research institutes for a majority of the pure research effort in all facets of population research.

Upon the creation of the Department of Family Planning in 1966, funding for family planning services increased from Rs 270.0 million for the period 1961-66 to Rs 149.3 million for the single year 1966-67. Authorized expenditures for 1973-74 were Rs 534.5 million. This rapid increase signaled Union Government determination to implement family planning. As happened in the United States, India's family planning services were integrated into the context of general health services in 1973.²⁵ The Department of Family Planning is still charged with implementation and research and development; however, all maternal health workers are now trained for multipurpose integrated contraceptive, maternal and child care roles. Because of this high level commitment and the antinatalist goals of the Department of Family Planning, the population agency variable was coded antinatalist.

²⁴Ibid., p. 101. ²⁵Ibid.

Research and Training

Research and training in family planning is conducted in state and private institutes. Recently, "a high-powered committee called the Committee on Socio Economic Studies on Family Planning has been constituted to go into different aspects of the family planning programme."²⁶ The primary function of this committee is to advise the government on population growth factors and coordinate economic, sociological, educational, psychological, communicational and demographic research related to family planning.

Union demographic training is the primary responsibility of the International Institute for Population Studies at Bombay. Actual demographic research is undertaken at the National Institute of Family Planning in New Delhi and at nine other research centers scattered among universities and state administrative units. Communications research is underway at four universities.

Research in reproductive biology and fertility control is coordinated by the Indian Council of Medical Research and is conducted at the National Institute of Family Planning and at various universities and private institutes under the grant program.²⁷ The main thrust

²⁶ Ibid.

²⁷ Ibid., pp. 101-102.

of these studies is to determine the most effective mix of contraceptive services given the Indian demographic situation and determination of appropriate delivery methods.

The training of family planning instructors and key staff is undertaken by five training institutes. . . . Forty-six Regional Family Planning Training Centers at the State level have been sanctioned, out of which 44 are functioning at present.²⁸

The expansion in the number of health services workers has been quite impressive; however, the worker caseload is still exceptionally high in the rural areas of the nation. Because of the concerted antinatal research and training effort, this variable was coded antinatal.

Demographic Analysis

Demographic analysis receives a large amount of attention in India. In addition to the standard census and age-specific studies customarily performed by demographers, Indian demographic centers provide contraceptive attitude and fertility trend studies aimed at identifying relevant programs. The use of sample surveys has become quite advanced and is one of the major techniques used by several ministries to gain information. Additionally, demographers are used to check reported family planning service performance and

²⁸Ibid., p. 102.

and demographic information is used extensively in family planning services decisions. Therefore, the demographic analysis variable was coded antinatalist.

Evaluation and Feedback

The primary organ for evaluation and feedback is the Central Family Planning Council which serves as the focal point for policy and performance information.²⁹ Performance ratings and target population figures are then evaluated and disseminated to other Ministries and appropriate institutes and state agencies. One of the factors identified by this technique was differential district performance.

A district-wise study of family planning performance in India for the period 1967-70 indicated that though the progress of family planning had not been uniform in all the stages and though some States like Punjab, Haryana, Maharashtra, Kerala, Tamil Nadu and Orissa had done better than the other States, all the district in the better performing States had not done well, nor had all the districts in poor performing States done poorly.³⁰

Various other studies have been reported on the qualitative aspects of the program which have caused program changes. Complaints of abuse and falsification of records in the sterilization camps resulted in their abandonment as a delivery means for sterilization in

²⁹India, Reference Annual, 1976, p. 92.

³⁰Lal, Directory & Yearbook, 1976, p. 102.

1973 because the government feared that they were becoming counterproductive.³¹ For these reasons, the evaluation and feedback variable was coded antinatalist.

Summary of Coordination and Supervision

India has had an official commitment to anti-natal family planning since 1952. Through the years this commitment has been expanded extensively and program delivery implemented. An extensive network of coordination and supervision machinery has been established which has had moderate success in the implementation area. The major problem areas for the program that have been identified by the Indian's themselves are tied to demographic transition phenomena. The crux of these problems lies in convincing rural residents to voluntarily change age old attitudes concerning family size and abandon cultural values attached to the birth of male heirs in an ostensibly democratic society.

Fertility Policy Actions

The fertility policy action scores for India are found in Table 14. Since the implementation of fertility policy actions is somewhat restricted by socio-economic and cultural aspects, each variable will be

³¹Ibid., p. 101.

TABLE 14
FERTILITY POLICY ACTION SCORES
INDIA

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
<u>Birth control services</u>						
Family planning services	1			40,000,000	41	+ .41
Abortion on demand		0		Not Aval.		.00
Male sterilization	1			5,697,182	55	+ .55
Female sterilization	1			(M/F Comb.)	55	+ .55
Legal status of birth control services	1			fertile population	100	+1.00
<u>Communications</u>						
Organized population information efforts	1			fertile population	70	+ .70
Sex education in schools		0				.00
Population education in schools		0				.00
Mass exhortation		0				.00
<u>Incentives (direct)</u>						
Fertility payment		0				.00

TABLE 14 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
Family allowance		0				.00
Paid maternity leave			1	workers in factories w/20+ wks. using power	100	-1.00
(indirect)						
Income tax structure		0				.00
Housing assignment		0				.00
Size of housing units		0				.00
Assignment to schools		0				.00
Child labor laws	1			220,227,053	95	+ .95
<u>Social Institutions</u>						
Modern employment men	1			149,075,136	30	+ .30
Modern employment women	1			31,298,263	17	+ .17
Social security (old age pension)	1			180,373,399	04	+ .04
Social security (survivorship)	1			180,373,399	02	+ .02
Female literacy	1			259,850,420	19	+ .19
Income redistribution		0				.00

TABLE 14 (continued)

Policy Action Variables	Directionality			Target Population	Percentage Target Population Reached	Score
	(+1)	(0)	(-1)			
Economic equality (M/F)			1	N/A	(14)	- .14
<u>Direct Regulation (overt)</u>						
Forced fertility		0				.00
Mass social education (covert)		0				.00
Regulation of marriage (age)		0				.00
Conscription		0				.00
TOTAL						+3.74

treated in greater detail than in the preceding chapters. Additionally, recent information will be discussed that cannot yet be documented to indicate present trends. Recent articles indicate that the current situation has been radically altered from the table indications based on available data through 1974.

Birth Control Services

Family planning services. The Indian government emphasizes the extension of family planning services to the total populace.

The programme aims at reducing the annual birth rate from about 39 per thousand in 1969 to 30 by the end of the Fifth Plan and 25 by 1983-84. The operational goal is to protect about 4 crore [1 crore equals 10 million] couples in the reproductive age group by any method of family planning. So far 1.65 crore couples in the reproductive age group have been covered which form over 16 percent of the couples with wives in the reproductive age group.³²

Today, there are three primary means of contraception used in the more rural areas of India. These choices are directly related to low rural female literacy and cultural values associated with the extended family concept. First, the most prevalent form of contraception is either male or female sterilization. This technique is successful because it does not require the individual to perform a manual function daily or

³²India, Reference Annual, 1976, p. 92.

before coitus and is most effective. Second, the IUD is also a high choice item for those couples desiring to delay or space their conceptions. It is popular, like sterilization, because it requires no daily maintenance. Finally, the condom is widely used; however, its effectiveness is questionable since it is not necessarily always used.

Other contraceptive techniques are ineffective in the rural areas for several reasons. First, women are not able to read or remember directions for the use of pills, creams, foam tablets and other contraceptives. Second, since bathing and toilet facilities are virtually nonexistent in many rural homes, there is no place to clean up after coitus which provides a practical disincentive to the use of mechanical foams or other contraceptives of this nature. Finally, there is social pressure from the other female members of the extended village family not to use contraception.³³ This resistance is based on religious customs and the high cultural value placed on children in general and especially male heirs.

³³Joan Mencher, "Family Planning in Chingleput District, Madras, India." in Culture and Population: A Collection of Current Studies, ed. Steven Polgar (Cambridge, MA: Schenkman Publishing Co., 1971), pp. 153-158.

The use of a broad spectrum of contraceptive techniques has spread rapidly in the urban areas. The primary factors seem to be significantly higher literacy rates and modern socioeconomic status. A recent study by Poston and Singelmann found that socioeconomic class and fertility were strongly related in India. They concluded:

. . . that in most instances value orientations provide neither the sole nor the partial interpretation of the relationship between socioeconomic status and fertility behavior

Finally, the evidence presented here suggests that considerable work remains in the development of theories of fertility behavior. While one contribution of the analysis is the suggestion that values do not mediate the relationship between socioeconomic status and fertility, we have clearly not developed a structural model as a replacement.³⁴

In short, Indians removed from the fishbowl life of the village are amenable to changing their fertility pattern. Those subject to close scrutiny in the village conform to the village norms which favor high fertility and early marriage.

Additionally, family planning services receive top priority at all public health centers and sub-centers. However, the magnitude of the problem becomes apparent in that "1,975 urban centres and 5,132 rural

³⁴Dudley L. Poston, Jr., and Joachim Singelmann, "Socioeconomic Status, Value Orientations, and Fertility Behavior in India." Demography 12 (August 1975):428.

centres are functioning in the country along with 33,370 sub-centres"³⁵ to care for the needs of an estimated 103 million fertile couples. There is usually one family planning medical doctor for each center and only a nurse at sub-centres.

Based on the official statistics, the family planning variable was coded antinatalist and assigned a value of 41 percent of target population reached.³⁶ It must be recognized that there is some concern over falsification of performance statistics by family planning workers fearful of losing their jobs; however, no correction for this factor was attempted.

Abortion on demand. Abortion on demand is not available in India. In 1971 legislation was passed which liberalized the abortion law; however, there are still prohibitions. Basically, the Medical Termination of Pregnancy Act of 1971 provides abortion in the first trimester:

The Act permits the termination of pregnancy by a registered medical practitioner where the length of the pregnancy does not exceed twelve weeks, or by two registered medical practitioners, acting together, where the length of pregnancy exceeds twelve weeks but does not exceed twenty weeks,

³⁵India, Reference Annual, 1976, p. 92.

³⁶Ibid. The value of 41 percent was computed from program statistics reported for each individual birth control program: ICUD, condom, etc.

provided that the medical practitioner or practitioners are of the opinion that (1) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or an injury to her physical or mental health, or (2) there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.³⁷

The Act also requires that the procedure be accomplished in a hospital. Because of the restrictive prohibitions and the absolute lack of hospital facilities in most rural areas where the majority of the populace reside, the variable was coded neutral and assigned a value of zero.

Male and female sterilization. As indicated, male sterilization is one of the most popular and most effective means of contraception used in India. Tubal ligation is the primary method of female sterilization and requires hospitalization. Vasectomy, on the other hand, can be done at any center or sub-center and in 1971-72 was done in mass vasectomy camps throughout India. These camps were terminated as a result of questionable practice in favor of intensive propaganda to convince men to go to sub-centers voluntarily.

Separate statistics for male and female sterilizations are not available; however, it is generally the

³⁷ Scrpati Chandrasekhar, Abortion in a Crowded World: The Problem of Abortion with Special Reference to India (Seattle, WA: University of Washington Press, 1974), p. 106.

male who is sterilized. The most recent statistics available are for 1973 and indicate a target population for sterilization of 5,697,182 and a target population reached of 55 percent.³⁸ Since both men and women are routinely sterilized, both variables were coded anti-natalist and assigned a value of 55 percent of target population reached through 1973. It is recognized that since more men are usually sterilized than women; these statistics may be biased in either direction.

Recent events in Indian sterilization requirements will be discussed under the direct regulation variables. The birth control services male and female sterilization variables only measure the extent to which voluntary programs meet program goals.

Legal status of birth control services. There is no indication that any means of birth control is illegal or that there are laws restricting the import or manufacture of drugs or devices. Since India has a national health service for all citizens, failure to provide a service could be construed as a restriction. In this sense, pills were only available in certain urban areas in 1974; however, this was primarily due to inability of village women to use or understand them.

³⁸Lal, Directory & Yearbook, 1976, p. 103.

The basic thrust of Indian policy has been to provide as wide a range of service as possible and to enlist such foreign technical aid and support as was available through the World Health Organization and private foundations.³⁹ Therefore, this variable was coded anti-natalist and assigned a value of 100 percent of target population reached.

Communications

Organized population information efforts. India has undertaken the task of broad based population information dissemination aimed at raising fertility control to the level of an everyday issue within the population:

The programme lays emphasis on mass education as well as group and interpersonal communication. Assistance of voluntary organizations, panchayats and local institutions is also secured for promoting the programme. For securing more active involvement of the opinion leaders from all walks of life, a "direct mail communication project" was launched in 1969.⁴⁰

Radio broadcasts over the national network also routinely contain birth control talks and information. A poster campaign showing an "ideal size" family of four has also been instituted. No estimates of the number of

³⁹Chandrasekhar, India's Population, pp. 36-42.

⁴⁰India, Reference Annual, 1973, pp. 103-104.

couples reached by these programs are available. Conversation with Indian students, indicates that over the years a majority of the population has been made aware of the problem. This awareness, however, does not necessarily constitute a decision to act to limit family size. Based on this information, a very rough estimate of 70 percent of target population reached was established. This particular variable cries out for case study analysis.

Sex education and population education in schools. These programs had not been implemented in the educational system by 1974 and therefore the variables were coded zero. However, by late 1975 plans were being made to introduce both population and sex education into schools and universities as mandatory programs.⁴¹

Mass exhortation. While mass exhortation had not been undertaken by 1974, there are indications that it is being used today. A reliable Indian medical doctor--who desires to remain anonymous for political reasons--recently arrived in the United States, indicated that all civil servants are currently being required to "educate" at least one other individual concerning the population crisis.

⁴¹India, Reference Annual, 1976, p. 93.

Incentives

Fertility payment. During 1971-72 sterilization incentives of differing amounts were offered in the mass vasectomy camps. This practice was discontinued and by 1974 no outright national fertility payment plan was in existence. Therefore, the fertility payment variable was coded zero.

Family allowance. There is no evidence of a family allowance program in India. Some nutritional assistance is available to the poor masses under age three through special social welfare programs.⁴²

Paid maternity leave. Paid maternity leave is available for a small number of women employed in factories with twenty or more employees in which power is used. The exact industries are specified in the Maternity Benefit Act of 1961.

The Act applies for the present to mines, factories and plantations, including any such establishment belonging to government except those factories or establishments where provisions of the Employee's State Insurance Act, 1948 apply for the time being.⁴³

The benefits are as follows:

100% of average earnings, according to wage class; payable for up to 12 weeks, including not more than 6 weeks before confinement (1961 law

⁴²Ibid., pp. 98-99.

⁴³Ibid., p. 340.

requires noncovered employer to pay same benefit to women employed 160 days in last year).⁴⁴

While the entire target population of the law is covered by this Act, it must be pointed out that the number of covered women is less than 2 percent of the female population. The potential of the law is pronatalist and it will probably have greater impact as more women shift from agriculture into industrial employment. Since the target population is identified and coverage extended to all qualifiers, the variable was coded pronatalist and assigned a value of 100 percent of target population reached.

Income tax structure. The tax structure is heavily graduated for high income individuals; however, there is no income tax on earnings of Rs 8000 or less. The average per capita wage for factory workers is under Rs 3000.⁴⁵ The average person pays no tax whatever as indicated by the fact that only 3,648,931 individuals in all of India paid income taxes on 1974 earnings.⁴⁶ The tax structure appears to be very rudimentary and was evaluated as neither pronatalist or antinatalist in

⁴⁴U.S., DHEW, Social Security Programs Throughout the World, 1975, pp. 102-103.

⁴⁵India, Reference Annual, 1976, p. 332.

⁴⁶Ibid., p. 154.

intent. Therefore, the income tax variable was coded neutral and assigned a value of zero.

Housing assignment and size of housing units.

India is just beginning to consider a centrally financed housing program. Since there was no organized program at the Union level in 1974, these variables were assigned a value of zero. Additionally, there is no indication that these variables will be used in either a pronatalist or antinatalist manner when undertaken at the Union level.

Assignment to schools. Assignment to schools is not based on family size in India. A high premium has been placed on education for all citizens. Toward the end of providing a solid education for the masses, a National Education Policy was implemented in 1968. One of the goals enumerated was "free and compulsory education up the age of 14"⁴⁷ for all children. Because of this egalitarian educational commitment, this variable was coded neutral and assigned a value of zero.

Child labor laws. As indicated, the law provides for compulsory education of children to age fourteen. However, the Times of India Directory & Yearbook

⁴⁷ Ibid., p. 47.

indicated that law and reality differ greatly:

. . . 5.9 percent of the total workers are children in the age group 0 to 14 The social reality is that nearly 10.8 million children are labourers despite the law against child labour.⁴⁸

The 1971 census indicated that there were 548,159,652 individuals in India and that 42 percent were aged 0 to 14.⁴⁹ Using these statistics, there were approximately 220,227,053 children in the target population covered by the child labor laws. Of this number, approximately 10.8 million, or 5 percent, were being exploited. Therefore the child labor laws variable was coded antinatalist and scored as 95 percent of target population reached based on 1971 data.

Social Institutions

Modern employment men. The latest statistics for the Indian labor force are from the 1971 census. The work force is broken down into three sectors--primary: agricultural and forestry; secondary: heavy and household industry; and tertiary: trade commerce and other services. The Times of India Directory & Yearbook statistics show that at the time of the census, the labor force breakdown indicated that:

⁴⁸ Lal, Directory & Yearbook, 1976, p. 605.

⁴⁹ India, Reference Annual, 1976, pp. 6-8.

. . . 84.8 percent are dependent on agriculture and allied activities, 6.6 percent on mining, manufacturing and household industry and only 8.5 percent in trade, commerce and other services.⁵⁰

The official Indian figures indicate that in 1971 there were 149,075,136 men in the work force and that 44,956,068 were employed in the secondary and tertiary sectors.⁵¹ These statistics produced a target population reached value of 30 percent for the modern employment of men variable which was coded antinatalist.

Modern employment women. In 1971, there were 31,298,263 women in the Indian work force and 5,454,440 were employed in the secondary and tertiary sectors.⁵² These statistics produced a target population reached value of 17 percent for the modern employment of women variable which was accordingly coded antinatalist.

Social security (old age). The social security system in India is very basic and provides meager coverage for certain industrial workers:

Retirement benefits are available to the employees under the Employee's Provident Funds and Family Pension Fund Act, 1952 The Act does not apply to establishments registered under the co-operative Societies Act, 1912, and employing less than 50 persons and working without the aid of power.⁵³

⁵⁰Lal, Directory & Yearbook, 1976, p. 605.

⁵¹India, Reference Annual, 1976, p. 331.

⁵²Ibid. ⁵³Ibid., p. 338.

The scheme is an employee, employer government matching contribution system in which both the employer and employee contribute 6.25 percent of the basic wage and the government 8 percent of the basic wage.⁵⁴ The retirement benefit is a lump sum payment with a maximum ceiling of Rs 4000. In this sense, it is not a continuous pension and does not represent a true retirement income plan.

At the end of September 1974 there were 7,134,294 covered employees of both sexes.⁵⁵ Given a target population of 180,373,399 workers based on the 1971 census statistics, approximately 4 percent of the target population was reached. This figure is actually high since more workers most likely entered the work force between the time of the census in 1971 and September 1974; however, these are the only labor force estimates available on which to evaluate the variable. Accordingly, the social security variable was coded antinatalist and assigned a value of 4 percent of target population reached. Given the lump sum nature of the benefit, it is questionable whether or not the variable should be scored. However, Holm indicated that the existence of a program and not the amount or type of benefit seemed most important in the old age pension fertility factor.

⁵⁴Ibid.

⁵⁵Ibid.

Social security (survivorship). Family pensions are provided for families of certain industrial employees under the Coal Mines Family Pension Scheme of 1971 and the Employee's Family Pension Scheme of 1971. These schemes provide a monthly benefit ranging from Rs 40 to Rs 150 according to wage class. In September 1974, there were 3,245,000 covered workers.⁵⁶ Given the same target population of 180,373,399 workers, approximately 2 percent of the Indian workers were covered by a social security survivorship plan. Therefore, the variable was coded antinatalist and assigned a value of 2 percent of target population reached.

Female literacy. The latest female literacy statistics are based on the 1971 Indian census. According to census estimates, there were 49,371,586 literate females and the percentage of literate women to total female population was approximately 19 percent.⁵⁷ Based on these statistics, the variable was coded antinatalist and assigned a value of 19 percent of target population reached. The Indian census does not differentiate a lower literacy age. The actual percentage of literate women in the reproductive age groups may actually be slightly higher than the 19 percent figure.

⁵⁶ Ibid., p. 339.

⁵⁷ Ibid., p. 53.

Economic equality. The economic equality variable value was developed by use of the procedure detailed in Chapter II. Use of the 1971 Indian census data indicates that 16 percent of the male population and 2 percent of the female population were engaged in modern employment. Therefore, the economic equality variable was coded pronatalist and assigned the differential value of 14 percent.

Direct Regulation

Forced fertility. In 1974 forced fertility had not been undertaken. Therefore, this variable was coded neutral and scored zero. However, as indicated, a reliable source indicated that forced fertility (sterilization) has become a reality in India in 1976.

Mass social education. Again, in 1974, mass social education had not been implemented. Therefore, the variable was coded neutral and scored zero. However, as mentioned, there is an indication that mass education through the bureaucracy is being implemented today.

Regulation of marriage. Marriage age is not regulated by the Union government in India. Furthermore, following Hindu customs, many marriages are arranged shortly after birth, especially in the rural

areas. The problem of marriage recording is further complicated in that many Indian marriages and births aren't registered. Therefore, the variable was coded neutral and scored zero. However, The Times of India Directory & Yearbook, 1976 indicates that the Indian Government has taken steps to set the age for female marriage at 18 years old. If it is enforced, this measure could have a large impact since the average marriage age in rural India is about 15 years old.

Conscription. India has a volunteer armed forces. Therefore, the conscription variable was coded neutral and scored zero.

Summary of Indian Population Policy

This chapter has argued that fertility policy in India has progressed from an initial weak commitment to fertility reduction in 1952 to an increasing tendency to implement coercive direct control measures by 1974.

Application of the framework produced high intent scores, but rather low policy action scores. The population policy score was 11.74.

The intent of the discussion of policy statements was to indicate the increasing hard line attitude toward fertility control displayed by Prime Minister Indira Gandhi's government. Furthermore, it was

suggested that the provision of voluntary family planning services without socioeconomic change was an ineffective means of curbing high fertility associated with an agrarian social structure. Therefore, realization of the failure of the voluntary family planning scheme began to become apparent to the Indian Government in 1973 and resulted in the planning of a drastic mandatory sterilization program. Finally, the policy statement section suggested that Mrs. Gandhi sees fertility control as a prerequisite to continued modernization of the Indian nation.

The discussion of the coordination and supervision variables indicated a firm commitment to delivery of voluntary family planning services and population education. The existence of analysis apparatus and research facilities has been responsible for identification of the reasons behind the failure of the program to reach target goals. It would appear that the government has accepted the feedback from its demographic institutions and like China, is embarking on the only course of action remaining that offers hope of stemming high fertility in an undeveloped region. However, unlike China, India does not have a political organization and structure nearly as capable of controlling her population as does China. It is questionable whether

the recent increases in the number of policemen in India and the modest armed forces can carry out mass mobilization of the population to make mandatory sterilization fully effective.

The policy action discussion vividly illustrates the implementation problems faced by developing nations. First, the birth control services category illustrates the difficulty and expense associated with simple provision of adequate contraceptive means. This difficulty extends from the actual training of delivery personnel to instructing an illiterate population in the conceptual use of rather sophisticated devices somewhat repugnant to existing social norms. Second, failure to provide population and sex education in the schools has perpetuated ignorance on the part of the large young population coming of fertile age. Third, inability to provide social programs--social security, large scale use of women in industry, urbanization and housing programs, and education--have continued the existence of the agrarian extended family cultural pattern which places high value on the birth of male heirs and many offspring. Finally, it was suggested that the Indian Government has turned toward coercive methods to avert the probable Malthusian nightmare that faces it.

Thus, the Indian situation illustrates the power of the demographic transition variables as the initial inhibitors of classic high fertility cultural patterns. Their power was demonstrated by the Poston and Singelmann study which indicated that urbanized Indians employed in modern labor immediately display sharply reduced fertility. Furthermore, the Indian demographic studies have indicated that literate urbanized Indian women readily accept modern means of contraception. As Mrs. Gandhi herself indicated, the program has worked well in such areas. Unfortunately, as the discussion has illustrated, only about 20 percent of the populace lives in a literate urban environment. Thus, India has become the first accessible test case for the use of coercive fertility policy actions. India's success or failure may be a guide for other undeveloped nations desiring to control their population growth through fertility control.

CHAPTER 6

CONCLUSIONS

This study has dealt with the complex issue of fertility policy in the United States, the USSR, and India. Obviously, as the discussion has indicated, this systemic output does not operate in a vacuum. Rather, it is entwined with the social, cultural, and economic environments of each nation under investigation.

It was suggested at the outset of this study that an expanded version of Terry L. McCoy's framework for comparing national fertility policies could provide a quantitative indicator of fertility policy suitable for comparative analysis by examining three variable sets in detail. To enhance the power of the framework, a wide range of variables was put forward and justified as being fertility relevant on the basis of previous empirical studies. Use of this framework has demonstrated the intricate nature of the relationships between resources, intentions, implementation, and political culture in the nations under question as well as providing a quantitative policy score. The findings and conclusions of the study logically fall into two

categories: comparative findings and methodological conclusions.

Comparative Findings

The first purpose enumerated for this study was demonstration of the usefulness of McCoy's framework for providing a valid quantitative indicator of national fertility policy for comparative cross-sectional analysis. The quantitative results of the study as examined and analyzed in chapters three, four, and five are summarized in Table 15. The summary requires further analysis and explication.

The policy statements and coordination and supervision scores indicate that both the United States and India appear to be firmly committed to antinatalist policies while the USSR seems to favor a moderate pronatalist position. The antinatalist policy commitment in the United States and India resulted in part from demographic research and interest group pressure discussed in the respective chapters. As a result, coordination and supervisory functions were expanded to provide policy guidance and implementation of desired policy actions. However, demography was virtually ignored in the USSR and policy statements were primarily motivated by economic considerations until 1965. This situation resulted from internal contradiction inherent

TABLE 15
NATIONAL FERTILITY POLICY SCORES

Country	Policy Statements	Coordination & Supervision	Policy Actions	Fertility Policy (1+2+3)	Fertility Rate 1974*
United States	+4	+4	+9.12	+17.12	50.8
USSR	-2	-1	+6.90	+ 3.90	55.5
India	+4	+4	+3.74	+11.74	136.7

SOURCE: *United Nations, Department of Economic and Social Affairs, Demographic Yearbook, 1974 (ST/ESA/STAT/R/3), 1975.

NOTE: Fertility rate is the number of live births per 1000 females in the nation aged 10-49.

in Marxist theory and the primacy of heavy industrial goals. Therefore, in the USSR, policy is less clearly defined than in the United States and India and there has been little proliferation of coordination and supervisory functions. The findings are in keeping with McCoy's expectations.

However, there are apparent contradictions with McCoy's hypotheses when the intentional scores--policy statements and coordination and supervision--are compared with the policy action scores. Further disparities occur in contrasting the cumulated fertility policy scores in relation to reported national fertility rates. Why these relationships occur and their significance become clear, however, through further analysis of the findings and consideration of what the scores quantify.

In the United States, antinatalist policy statements and a proliferation of coordination and supervisory machinery were followed by implementation of antinatalist birth control services policy actions. Certain communications policy actions were also linked to the stated policy position. Of all the antinatalist policy actions identified in the United States, these policy actions--birth control services and communications--were the only ones clearly linked to an

articulated fertility policy position. The other antinatalist policy actions were implemented under other socially desirable programs for non-demographic purposes.

In the USSR, the relatively weak pronatal policy statements discussed have not resulted in extensive expansion of coordination and supervision functions. However, some expansion of these functions is beginning to take place. The investigation also indicated that no new pronatal policy actions had been implemented recently that could be linked to the weak pronatal policy statements. Again, however, some hidden agenda indicators suggest pronatal policy actions may occur in the near future. Conversely, additional antinatalist policy actions in the birth control services and social institutions categories were implemented under other policies linked to socialist goals associated with free provision of essential social services and the industrialization of the nation.

In India, which is becoming progressively antinatalist, both the policy statement commitment and the coordination and supervision functions have proliferated since 1952. Like the United States, the primary policy actions linked with policy statements, up to 1974, were in the birth control services and communications categories. However, unlike the United States and the

USSR, India has not been able to significantly finance the high cost antinatal social institutions variables which have been implemented in the United States and the USSR under a variety of policies. Also, due to the rural culture and large population in India, implementation costs far exceed those experienced by the USSR and the United States.

Several important points are suggested by this discussion of the policy actions undertaken and the linkages revealed by application of McCoy's framework to the nations under question. First, the fertility policy scores do provide a reasonable comparative indicator of the intended course of fertility control policy in relation to the perceived need for such policy.

Second, none of the nations under question has used the total range of policy actions available nor were all of the policy actions undertaken implemented for the purpose of fertility control. This finding illustrates the probability that fertility policy competes in the political system with other policy demands which may have contradictory potential fertility outcomes. Thus, in the USSR, antinatalist social institutions policy actions were probably implemented to achieve goals that were considered more important than the probable fertility consequences of such

actions. Hence, as fertility policy becomes a more important instrumental goal, one would expect the congruence between policy statements and the policy actions undertaken to increase. The findings of this study appear to bear out this expectation. It was suggested that India has very recently launched a series of direct coercive policy actions aimed at immediately affecting a large decrease in its fertility rate. These policy actions are in keeping with its understanding of the importance of fertility reduction to the achievement of its modernization goals. This realignment of policy actions also occurred in the United States once a clear antinatalist policy position was articulated. Among other changes, the restrictive Comstock Laws were repealed, family planning services extended, and abortion legalized. In the USSR, where policy intent has been constricted, there has been less congruence between policy statements and policy action implementation. Thus the apparent contradiction between stated policy direction and the actual policy actions implemented can be explained in terms of the importance placed on fertility policy by the national leadership and the resultant ability of that policy demand to successfully compete with other policy demands in the political arena.

Third, the apparent contradiction between fertility policy scores and actual fertility performance is explained when the score for a particular nation is disaggregated and the policy action score for that nation is considered by itself. In chapter two a differentiation was made between the intended course of action and those fertility consequent actions governments actually implement. On the one hand, the policy action variable set indicates the expected fertility outcome. On the other hand, the cumulative fertility score indicates the degree of commitment that a nation has exercised to change her fertility rate in relation to the perceived problem. This commitment includes both the desire to act, indicated by policy statements, and the capacity to act indicated by the policy actions.

Thus the framework produces two indicators useful for comparative analysis. The fertility policy scores indicate the intended future direction of fertility actions and the intensity of that direction while the policy action scores indicate the potential fertility impact of existing policy actions implementation regardless of causation. Thus when the policy actions scores are compared with the actual fertility rates for the nations under investigation there is a

high degree of correlation. This finding is illustrated in Figure 2.

Finally, if the policy action scores are compared by categories, it becomes apparent that the major difference between the three nations lies in the social institutions category. Both the United States and the USSR have extremely high antinatalist scores in this category while India has a very low antinatalist score. At the outset, in chapters one and two, it was indicated that these social institutions variables are typological in nature and are strongly related to demographic transition processes associated with the switch from a high fertility cultural pattern to a low fertility cultural pattern. In the analyses of both the United States and the USSR, further provision of birth control services are probably a causal factor in the urban fertility rate declines experienced in the late 1960's and early 1970's. This same pattern has emerged in the urban areas of India where the population has been exposed to a much higher level of social institutions provisions than the rural segment of the Indian population. In the rural areas, the provision of birth control services was ineffective because it contravened the existing norms associated with the high fertility cultural pattern. Thus in the case of India, where

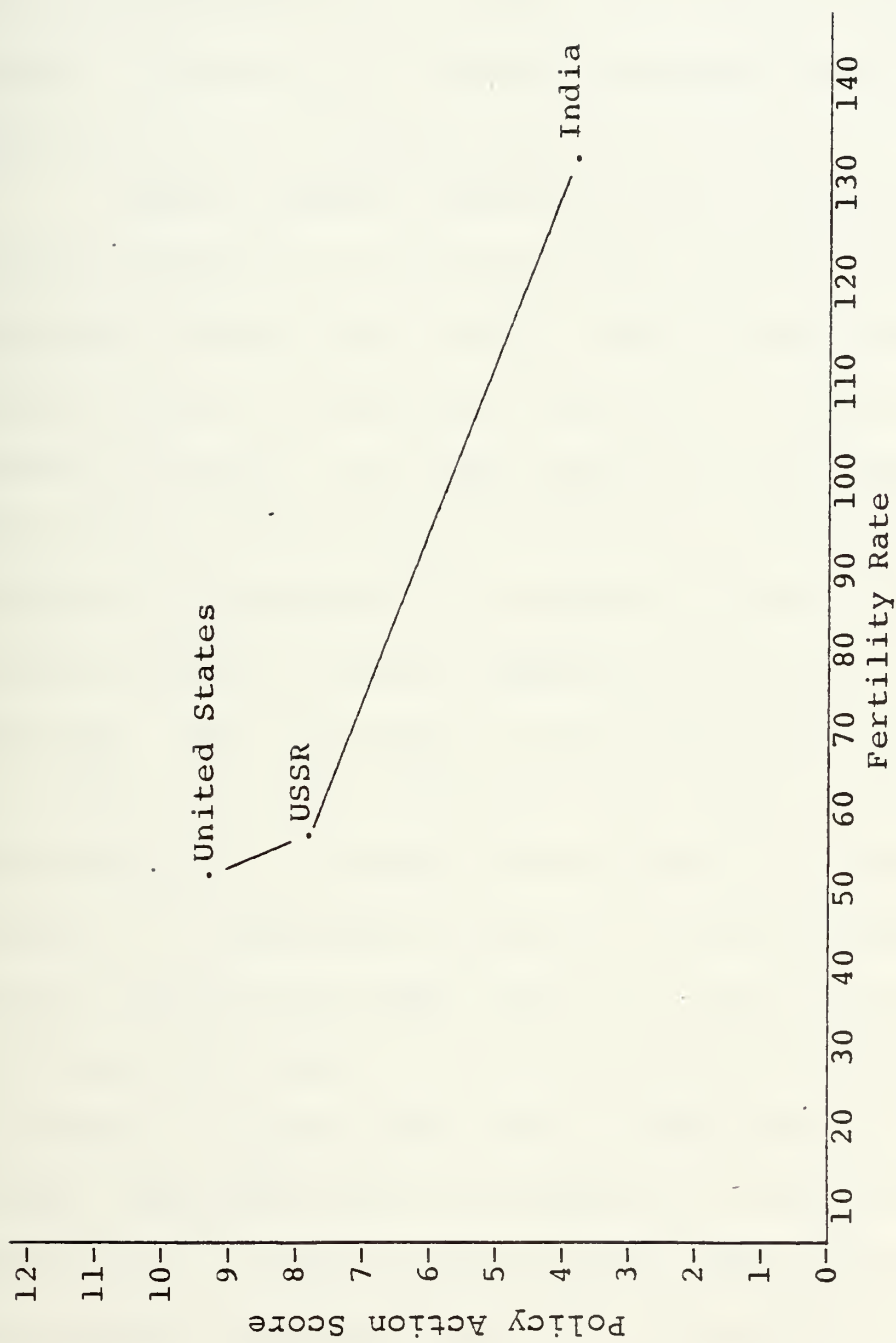


Figure 2. Policy Action Scores and Fertility Rate

80 percent of the population is rural, the provision of family planning services failed to significantly reduce the fertility rate as it did in the USSR and the United States. Therefore, the Indian government was forced to turn to the use of coercive policy actions.

These findings tentatively bear out the generalization advanced in chapter one that nations unable to implement the high cost social institutions variables--social security, mass public education of women, female economic equality, and modern employment for men and women--due to their excessive rates of population growth--will be forced to use coercive direct control policy actions to achieve immediate fertility rate declines. Thus the power of the typological variables in a very real sense conditions the probable effect of the provision of voluntary birth control services actions. If additional studies of other developing nations indicate the same conclusion, then direct fertility control may well be the only course of action available to rapidly bring about stabilization of the states' population or, more generally, the world's population. In view of the collapse mode predicted by the Meadows' computer simulations, there may be a limited time frame available even for such direct fertility control to be implemented.

Methodological Findings

Three methodological problems emerged as the study progressed. First, application of the framework indicated the lack of available data and the need to ascertain the actual validity of the fertility policy scores as policy indicators. Second, the study findings regarding the power of the typological variables and comparison of the policy action variables themselves suggest that a one to one variable weighting schema may distort the overall results. Third, another aspect of the preceding problem is that weighting of the framework variables is exacerbated by the interaction effect. Stinchcombe states: "by an 'interaction effect' we mean that one variable has different effects, depending on the value some other variable has."¹ Also, due to the nature of national policy, it is difficult to control for nonspuriousness since the dependent variable--fertility rate--may be effected by other independent variables which cannot be controlled in a national environment. The differential effect of the typological variables did not emerge in McCoy's Latin American study because the development stage was roughly equal in all the countries investigated. Therefore, in the United States and the USSR, policy statements are more easily

¹Stinchcombe, Constructing Social Theories, p. 45.

converted into policy actions which reach a higher percentage of the target population than in India. These methodological problems provide excellent opportunities for extensive additional research.

Currently there is insufficient data to enable full cross-national causal outcome analyses because fertility rate changes for the target populations are not available. There is some indication that the data necessary for this approach is beginning to be collected in the United States; however, there are no indications that this will occur in other nations for some time. In the interim, inference based on trend analysis and available sample surveys may be the only means of judging fertility policy outcomes. To accurately chart the course of these relationships, the framework should be applied at regular intervals to the same nations or continued as a comparative cross-national longitudinal study.

A longitudinal study would provide the necessary requisites for causal analysis. First, changes over time in the dependent variable could be related to the policy actions. Second, the correlations between the dependent variables and the policy action scores illustrated in Figure 2 could be observed over time. Finally, a better understanding of spurious

relationships should result. In this study the problem of nonspuriousness is exacerbated by the multicollinearity of the policy action variables and the pace of industrialization, economic growth and cultural change.

These observations point out the usefulness and shortcomings of the comparative cross-sectional approach used in this study and the future value of longitudinal studies in solving the problems put forward.

Consideration of the methodological problems suggest the twofold complexity of variable refinement. These problems demonstrate the need for further research to uncover the interaction effects between variables and to provide an adequate variable weighting system. For example, provision of a law allowing dissemination of contraceptives probably does not have the same impact as forced sterilization. Additionally, the comparative findings show that the typological social institutions policy action variables deserve a greater weight than a one to one theoretical ration provides.

Conversely, use of the target population reached concept provided a useful means of refining the policy action scores that greatly reduced subjective evaluation. Further improvement of the policy action weighting schema should provide a policy action score with strong outcome prediction power.

Summary of Conclusions

This study has attempted to demonstrate the usefulness of comparative cross-sectional analysis as a means of furthering the knowledge of the actions national governments undertake in response to perceived population problems. Application of McCoy's framework "allows for the possibility of generating an overall policy variable for any country along with disaggregated data on individual components."² Use of the framework has also disclosed the need for further theoretical and case study analyses. In this sense, the study has raised as many new questions as it has attempted to answer.

The study has also produced a cumulated indicator of fertility policy for each nation indicative of policy direction and commitment. Additionally, the disaggregated policy actions scores appear to be correlated with actual fertility rates as illustrated in Table 15 and Figure 2.

Finally, in pluralist democratic societies, the family has traditionally been considered an institution relatively immune from governmental control. I have tentatively suggested that application of the framework

² McCoy, "A Framework," p. 64.

to first, second and third world nations has shown that immediate fertility reduction in certain types of nations, namely, the less developed countries, can only be achieved by severe policy actions that directly control family size.

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ABSTRACT

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Uncontrolled population growth has become recognized as an inhibitor of national goals of increasing standards of living by many states. This problem is exacerbated by the exponential nature of present world population growth--especially in less developed countries--limited resources and future food supplies. Some governments, seeking to raise their standards of living, have begun efforts to control their fertility rates through use of fertility policies and policy actions. Some of these, in states with low population density, desire to raise their fertility rates while others, which consider their population growth rates excessive, desire to lower their fertility rates.

This study analyzes the range of fertility control activities which are being pursued by national governments in the United States, the USSR and India. It utilizes an expanded and modified version of Terry L. McCoy's framework for comparing national policies which uses the range of probable fertility consequent variables identified in previous fertility related studies.

The framework incorporates two variable sets that measure governmental intent and policy and a third

variable set that measures the implementation of policies. One purpose of this study was to expand McCoy's framework and to improve the quantification procedure for policy actions. A second purpose was to ascertain if this schema would provide a valid indicator of fertility policy when applied to first, second and third world nations. Another purpose was to explicate policy determinants through discussion of variable scoring for each nation. Finally, a secondary purpose of this study was development of topics for additional theoretical research.

The study's conclusions indicate that the framework produces a reasonable fertility policy indicator of policy intensity and direction. Additionally, the policy action variable set, which measures those fertility consequent actions governments actually implement, provides a measure that is strongly correlated with the actual fertility rate observed for each nation. Due to the limited number of nations studied, these conclusions are considered tentative.

The findings illustrate a disparity between intended policy, as measured by the first two variable sets and the actual course of policy implementation. Comparative analyses indicate that this disparity is caused in part by typological variables associated with

demographic transition that interact with and condition the fertility control impact of many of the other policy action variables. Because of this strong typological relationship, it appears that nations unable to implement these high cost typological variables, namely the less developed countries, may be forced to use direct coercive policy actions to control their fertility rates.

The study also discusses problems of causal fertility policy analysis related to nonspuriousness and variable interaction. These problems are indicated as areas for future research which will increase the accuracy of the correlation between fertility policy actions and actual fertility rates.

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